

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 23, 1985

a Benn publication

NPA complaints  
against *Daily*  
*Mail* upheld

PSNC takes  
profit, salary  
and stock to  
Review Panel

ASDA open  
franchise  
pharmacies

DHSS gives BPA  
the brush-off

HD judgment  
by Christmas?

PSNC points  
the finger and  
takes PR blame

Reactions to  
open all hours'  
Shops Bill

Bright ideas  
from C&D's  
Assistants'

## PHILIPS

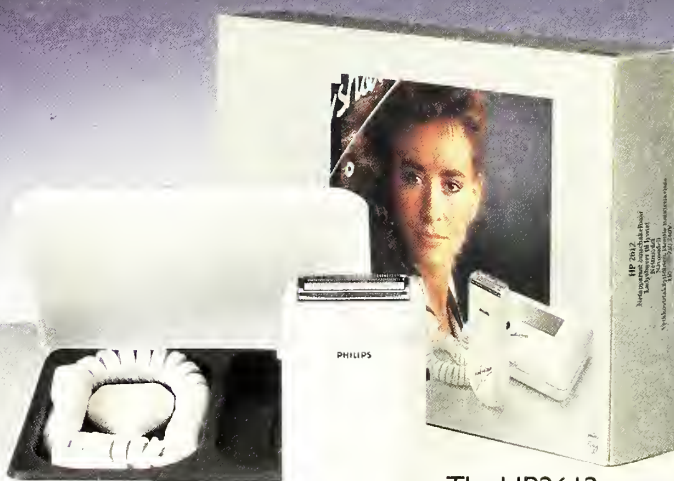


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John Skelton BPharm, MPS

**Assistant Editor:**

Patrick Grice BPharm, MPS

**Beauty Editor:**

Penny Farmer BA

**Contributing Editor:**

Adrienne de Mont  
BPharm, MPS

**Technical Reporter:**

Robert Darracott, BPharm, MPS

**Editorial Assistant:**

Nia Williams, BA

**Art Editor:** Jonathon Bobbett

**Price List Controller:**

Colin Simpson

**Advertisement Manager:**

Peter Nicholls JP

**Assistant Advertisement**

**Manager:**

Doug Mytton

**Production:** Shirley Wilson

**Publisher:**

Ronald Salmon FPS

**Director:**

Christopher Leonard-Morgan

**Published Saturdays**  
by **Benn Publications Ltd**  
Sovereign Way, Tonbridge,  
Kent TN9 1RW  
Telephone: 0732 364422  
Telex: 95132 Benton G

**Subscriptions:** Home £53 per annum.  
Overseas & Eire £67 per annum in-  
cluding postage. £1.10 per copy  
(postage extra). Member  
of the Audit Bureau of  
Circulations



**Regional advertisement offices:**  
Midlands: 240-244 Stratford Road, Shirley,  
Solihiull, W. Midlands B90 3AE 021-744  
4427. North East and North West: 491  
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## COMMENT

Community pharmacists throughout the country must be thankful, once more, that they have the National Pharmaceutical Association to fight their corner. The Press Council ruling published this week (p942) vindicates the Association's hot pursuit of the *Daily Mail* following its infamous "Killer drugs..." headline in February '84. Director Tim Astill accused the *Mail* of being selective and of distorting its story with an exaggerated, scaremongering headline likely to cause disproportionate alarm. The Press Council agreed but said that the use of subterfuge was justified. How typical of the *Mail* to concentrate on that latter aspect of the judgment, burying the headline and distortion complaint finding at the end of its story this week. Small wonder that Mr Astill anticipated such



journalist art, producing his own Press release for consumption by the nationals to good effect (see *The Times*, Monday).

**SDP/BPA:** As PSNC has pointed out before now, once you have stated your position in public it is difficult to back down from it. Yet the SDP seems to be doing just that after Dr Owen's recent outspoken (and out of order) comments in support of the BPA.

Like everyone else the SDP is urging the BPA to form itself into a democratic body and indicate just how strong its membership is, and like everyone, including the Department of Health (see p948) it is still waiting...

Let us hope the whole, sorry episode has left the SDP with a better idea of what the issues involved are, so that its policy can be formulated on fact rather than fantasy.

**Topics in treatment:** this week sees the first in a new *C&D* series. Written by staff pharmacist Stephen Chaplin, the series is intended to provide the busy reader with regular briefings on new developments in the prescription drugs market, and is intended to compliment the existing OTC update articles by Professor Alain Li Wan Po of The Queen's University, Belfast.





# NPA complaints against *Daily Mail* upheld

**A *Daily Mail* report about withdrawn medicines, headlined "Killer drugs still on sale" has been criticised by the Press Council as being distorted with a scaremongering headline. But the Council rejected claims that subterfuge was used to get the story.**

The condemnation comes after complaints from Tim Astill, director of the National Pharmaceutical Association, that the paper had improperly attempted to incite pharmacists to act unprofessionally by dispensing withdrawn drugs.

He also complained the newspaper published under an exaggerated and scaremongering headline a selective and distorted report which was an unjustified slur on pharmacists, and likely to cause unnecessary public alarm.

The *Mail* reported in February 1984 that four drugs withdrawn by their makers were being freely dispensed in chemist shops. The newspaper claimed thousands of prescriptions for the drugs were still being written.

Reporter Clive Edwards said he walked into three chemists in East London and Essex and came out holding drugs which shouldn't have been available.

Mr Astill said the banner headline was an exaggeration and was not justified by the facts. In all the 30 pharmacies visited by a bogus "patient" with a prescription, he was told that the medicine had been withdrawn, and he should refer back to the prescribing doctor. There was no reason for any pharmacist to believe the prescriptions were false. It was not unlawful for the doctor to prescribe, nor for a pharmacist to dispense, a withdrawn drug, even when the licence had been revoked or suspended.

Mr Astill told the Council that the *Daily Mail* purported to have "research statistics" showing that large quantities of the four preparations were being dispensed. The figures from the Prescription Pricing Authority were very low.

Mr Mac Keene, assistant managing editor, said that the *Mail* could not say its figures were 100 per cent correct, since they were based on projections. He disputed the very low PPA figures. He said the report highlighted a matter of major public concern, and exposed a loophole in the Medicines Act.

The Press Council has consistently condemned subterfuge by journalists unless two criteria are met. They are that



**Tim Astill — complaint upheld**

the information sought must be material which ought to be published in the public interest and that it could not be obtained without using subterfuge.

In this case the Press Council was satisfied that the fact that some pharmacists can be prevailed upon to dispense drugs which have been withdrawn for safety reasons is a matter of public concern. It was also satisfied that a newspaper was unlikely to be able to demonstrate this except by subterfuge.

The Press Council accepted the criticism of the way in which the story was presented. The headlines and comments were misleading. Journalists tried to obtain withdrawn drugs at 30 pharmacies but succeeded only at three and then only after inquiries by the pharmacist.

While pursuit of the story was justified, the treatment of it was selective and distorted, its headline was exaggerated and scaremongering, and the report was likely to cause disproportionate alarm.

Commenting on the decision, Mr Astill said: "We accept the Council's ruling. Perhaps, on reflection, the use of a subterfuge was justified. But it revealed the pharmaceutical profession is an effective watchdog when it comes to drug safety. Far from condemning pharmacists, the *Daily Mail* should have congratulated them, and that, in effect, is what the Press Council has said."

## PSNC takes case to Review Panel

**The Pharmaceutical Services Negotiating Committee is referring its notional salary claim to the Pharmacy Review Panel following an abortive meeting with the Department of Health on Monday.**

New profit formula proposals and the question of compensation for dead stock following the introduction of the limited liability formula are also being referred to the Panel.

The contention with the notional salary claim is whether the figure should be based on a comparison with industrial management salaries, as PSNC propose, or on a pharmacy manager's salary as at present.

"If pharmacy is under-reimbursed the salary paid to managers is also depressed," PSNC chief executive Alan Smith told *C&D*.

The Department of Health has finally told PSNC that its proposals for a new profit formula are unacceptable, and that an element of "capital employed" should be retained. Mr Smith says the Review Panel has already indicated the present formula is not satisfactory and has asked both sides to come up with new proposals.

"We are looking for a decision by February 1 so we can work on the balance sheet for 1986-87," said Mr Smith. He acknowledged it would be a tight timetable, but he blamed the DHSS, saying it should have replied to PSNC's proposals in June as it promised.

## Dentists opposed to advertising

**The General Dental Council and the British Dental Association are opposing Government pressure to allow dentists to advertise private treatment charges.**

The GDC, however, has relaxed its guidelines on advertising, although a report in *The Times* last week that dentists will be allowed to advertise in newspapers and on radio and television was referred to by a GDC spokeswoman as "an oversimplification". The new guidelines, which were decided on November 12 and will be circulated to dentists, will give the profession details of the information they can supply to patients.

☐ The Law Society is conducting a postal ballot among solicitors on whether the ban on advertising should be re-introduced.



## Moss take on ASDA franchises

The ASDA hypermarket chain of 103 branches is to increase the number of in-store franchise pharmacies (16) and is in the final stage of negotiations with Moss Chemists.

Moss hope to open their first franchise pharmacy in ASDA's Edinburgh branch next March and complete a further seven units by the end of '86.

Mr D. Watts, operations director for E. Moss Ltd who have 11 branches at present, said his company hoped to conclude negotiations with ASDA this week. The intention was for pharmacies to be opened wherever either ASDA or Moss believed they were necessary or desirable.

Moss plans units of 4,000-5,000 sq ft concentrating on NHS pharmaceutical services, OTC medicines, cosmetics and high class perfumes. They will sign a stocking agreement with ASDA which excludes them from holding certain proprietary lines competitive with ASDA.

Another ASDA on Moss' list is the Norwich branch. Mr Bryce Collishaw of Chad's Chemists, Norwich, reports that Moss have applied to the dispensing subcommittee of Norwich Family Practitioner Committee to open a pharmacy in a rural area.

## Hayhoe gives BPA the cold shoulder

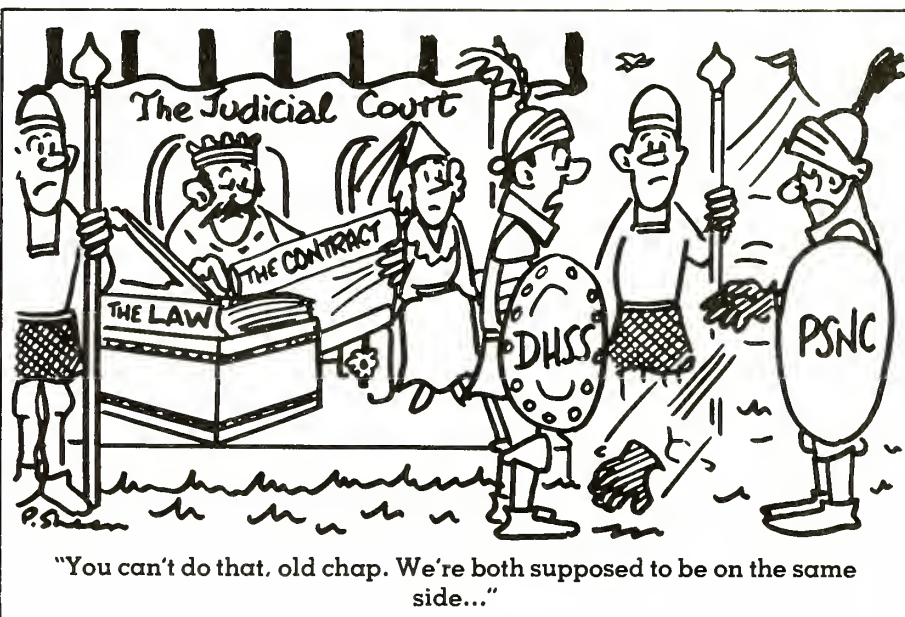
The British Pharmacists Association has been given a polite brush-off by Health Minister Barney Hayhoe following a meeting with DHSS officials last week.

In a letter to joint secretary Charles Flynn, Mr Hayhoe says: "At the meeting you declined for the time being to provide any of the further information on, for example, the status of your Association and its membership, which would normally be expected in support of a claim."

"The arrangements for representing any NHS profession in negotiations with the Department are for the profession to settle itself, and not for the Government. On the basis of your meeting with my officials I see no case for contemplating any change in the negotiating machinery presently recognised."

Mr Flynn says the meeting with DHSS under secretary Tom Luce was "useful".

"BPA outlined its requirements for the immediate future — its stance to be



represented at the negotiating table on which it will place its discussion documents on the future of pharmacy. We are now carrying on discussions with Mr Hayhoe direct."

The PSNC must take its proper place as the large contractors negotiating committee, Mr Flynn says. The BPA will represent pharmacists across the profession, and ideally a strong Pharmaceutical Society should be present at all negotiations to safeguard the profession's ethics.

## SDP backpedals on contract stance

The SDP is seeking to clarify its position on the new contract, following Dr Owen's strong words in support of the British Pharmacists Association recently.

It is understood the SDP is not happy with the way the meeting was exploited by the BPA, and is now distancing itself somewhat from Dr Owen's remarks.

A number of pharmacists have written to Dr Owen since. In the reply sent out the BPA is urged to form itself into a democratic body, and demonstrate it has the level of support it claims. If it can do that then the SDP would support its bid for a negotiating role.

The SDP is not happy about certain aspects of the contract. It supports the idea of rational location, but questions the system by which it is being introduced, and particularly what is meant by "necessary and desirable." The guidelines are "too woolly".

The SDP feels a comprehensive measure covering England, Wales, Scotland and Northern Ireland should be introduced by the Government this session, but only after debate.

Concern is also expressed about the

number of closures, and that that some areas may be disadvantaged, especially rural localities. The SDP is sticking to the view that it was right for the contract to fall in the House of Lords. SDP and Liberal peers voted against it because it was felt to be an abuse of procedure.

## Astill questions Dr Owen's views


National Pharmaceutical Association director, Tim Astill, has written to SDP leader Dr David Owen expressing his concern at a statement released by the British Pharmacists Association in which Dr Owen appears to endorse their aims (C&D November 9).

In his letter Mr Astill suggests the report is a "gross misrepresentation" of Dr Owen's views.

In reply to Dr Owen's statement that the Pharmaceutical Services Negotiating Committee does not fully represent pharmacy, Mr Astill says: "The PSNC has never claimed to be representative of pharmacy, but it is, by any objective criteria, representative of Health Service pharmacy contractors in England and Wales."

He goes on: "The BPA(UK) is not representative of anyone. Its members are few (they are not disclosing how many, which is significant) and they have obtained publicity by telling lies. For example, they have at various times, proclaimed that the new contract would result in the closure of '100s,' '2,000,' '3,000' and more recently '4,000' pharmacies! In their most recent Press release following their meeting with you, one of the BPA(UK) spokesman has gone even further and said that the new contract 'threatened the High Street chemists with extinction.'





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## Contract hold-up: PSNC points the finger

Pharmacists who publicly declare that their NHS dispensing income amounts to no more than 3-5 per cent of their business turnover must not be allowed to determine the future of the profession, according to David Coleman, vice-chairman of the Pharmaceutical Services Negotiating Committee. Defending the new contract package before East Anglian contractors last weekend, he said he was sick and tired of hearing certain arguments against it and called on the Government to introduce the whole package "Now!"

Mr Coleman again attacked the performance of the Government lawyers and the Government for their September "U" turn on the contract, as well as Barney Hayhoe. "Why is a Minister for Health who assures us that we have his wholehearted support for the introduction of the new contract unable to persuade sufficient noble Lords to back Government policy on the Scottish amendment's third reading?"

The present increase in the opening rate of pharmacies could be applauded only if they were necessary or desirable, improved the pharmaceutical service and were funded out of an increased global sum. Mr Coleman said it did not make sense to pay pharmacies with just 4 per cent of NHS turnover four times the amount the average pharmacy was paid for dispensing scripts. "More money for pharmacy must go where it is needed."

Mr Coleman said there must be a point when pharmacies, whose main purpose was to provide a proper pharmaceutical service, should be encouraged and rewarded. "I am not arguing 'for' or 'against' private or company. I am not arguing for 'pure' pharmacy. I am arguing in favour of those pharmacists whose objective first and foremost is to provide a pharmaceutical service."

He spoke of "an extraordinary alliance against the new proposals". The BMA, which was understandably concerned about an improved pharmaceutical service in rural areas; the large companies — for many of whom pharmacy was something of a sideline — because it might restrict their future expansion programme; and an amorphous and colourful group — based on some offshore island — who feared the consequences of a distribution of income which might favour those dedicated to NHS work.

Mr Coleman said he wanted to speak for the rest — proprietors; pharmacists; pharmacists in small, local chains; pharmacists in co-ops, and pharmacists in large, national companies. "Isn't it about

time our voice was heard?" he asked.

"I've seen enough of leapfrogging. I'm sick and tired of the excuses which are brought out when an effort is made to resolve this problem.

"I'm fed up with being told how professional pharmacy is in other countries by the same people who defend the *laissez-faire* 'dog eat dog' attitude which leads to lower standards.

"I'm sick of spokesmen for large organisations arguing that economic factors alone should determine distribution — try telling that to a man with one pharmacy who has just been leapfrogged.

"I'm tired of crocodile tears being shed for the needs of rural patients — yet every excuse is being found to prevent



Mr David Coleman, PSNC vice-chairman

improvements in the service to them.

"I despair of a Government which can negotiate through 18 months of hard bargaining, finally agreeing a package and then allowing last-minute legal sabotage, without taking any steps to mitigate the damage done."

Mr Coleman said pharmacies had to shame the Government into living up to its responsibilities: "It cannot be allowed to slide away behind a smokescreen of legal arguments and pressure of Parliamentary business."

He said he was developing tunnel vision. "I am not prepared to negotiate those parts of the contract unfavourable to pharmacy. I am not prepared to see the guidelines watered down to please large companies. I want the package implemented as we were told it had to be — as a package. And I want it done now."

## See how they would close

**A detailed breakdown of how it sees pharmacy closures under the proposed new contract has been given by the Pharmaceutical Services Negotiating Committee.**

The figures are as follows:-  
Pharmacies dispensing less than 16,000 prescriptions per annum

	1,400
Less: ESPS pharmacies	187
	1,213

Less: pharmacies whose remuneration would have been reduced by less than £1,000 per annum following a 7 per cent increase in 1986/87 — per attached table	
10,800-16,000 prescriptions = 164 + 226 + 204 + 118 + 121 + 18 = 850 — 120 EPOS pharmacies in those bands =	730
	483

Less: pharmacies not receiving the BPA who would have received increased remuneration under the new proposals say	133
	350

Less: pharmacies with large OTC turnover, eg Underwoods, other multiples and London independents say	100
	250

**Potential pharmacy closures 250**



Mr John Taylor, Suffolk (right) listening to the response of Alan Smith, chief executive PSNC, to his charge that its contract publicity had been poor



## Flaws admitted in PSNC's PR Campaign

**PSNC has admitted that it made a mistake in not combatting earlier the anti-contract publicity originating from the British Pharmacists Association.**

Explaining the difficulties faced by the Committee to the East Anglian conference vice-chairman David Coleman said it was not possible for PSNC, or himself, to make "wild and crazy" claims about contractual matters because both had to answer to contractors in the future. And chief executive Alan Smith said it was very easy to be a splinter group and criticise and exaggerate the facts out of all proportion. "But you've got to live with your lies for years to come — Churchill called them 'terminological inexactitudes'.

"We at PSNC made a mistake. We thought that a vociferous splinter group would come and go like Counterpoint — we were wrong. And we were wrong not to publicise the positive aspects of our contract."

Mr Smith said that because PSNC had been fully convinced of the advantages of the contract it had assumed knowledge where there was none. PSNC should have mounted heavier PR, not to fight the BPA — that would have given them credibility and another platform to fight on, he said — but to extol the virtues of the new contract.

The days were gone, said Mr Smith, when if you created a better mouse trap



PSNC chief executive Alan Smith addresses the conference.

the world would beat a path to your door — you had to merchandise it, advertise it, and then sell it.

Mr John Taylor of Suffolk then endorsed Mr Smith's view of PSNC's publicity failure. He said the Committee had ended up a long way short of what was on offer in June after the LPC Conference. Then pharmacy had a new contract, now it did not. Mr Taylor said that, in his view, if the Government did not want to co-operate in a judicial review then the evidence was that it was firmly against the new contract and there was chance of pharmacy getting it.

The BPA was "knocking spots" off PSNC in the media field, said Mr Taylor. They had beaten PSNC by three days on "The contract is dead" story, he said. The Minister declared it was dead three days after publication of a story in the Daily Telegraph — something smacked of inside information.

Mr Taylor said PSNC's lack of response in the national Press had horrified him. No attempt was made to get the public on pharmacy's side. It had been left to the BPA to claim a victory over the "dirty doings" of PSNC.

for itself as well," he said. "The resultant increase in the number of pharmacies will increase the cost to the Exchequer with no increase in the service offered to patients. It should act now to avoid the situation being exacerbated."

Mr King said the new contract was not just a one-way affair — it represented a step forward for patients, pharmacists and Government alike.

And he rejected any accusations of self interest by PSNC or NPA Committee members in promoting the contract. "At the NPA we are charged with looking after the interest of *all* our members, whether large or small. Like the PSNC we are a democratic institution elected by those whom we serve.

"Of course, if we feared there would be closures on a massive scale we would not support the contract! The NPA would suffer a large reduction in its membership and would not condone this."

## NPA just 'pink' on contract

**The National Pharmaceutical Association is to reaffirm its support for the new contract in its next pink supplement as the "most important development for NHS pharmacy in the since its inception." It says it would have benefited both pharmacists and patients and should have had the support of the whole profession.**

In discussing the sudden *volte face* by the Government, the NPA describes the "intensive lobbying by Boots" and the opposition from other multiples, notably Underwoods, as "responsible if not misguided." But it says that a "tiny minority of contractors have, by means of gross exaggeration, if not downright lies, succeeded in getting column inches and air time out of all proportion to the strength of their numbers — or their case. The NPA does not believe that any Government minister could have been influenced by such "histrionics and hyperbole."

□ The NPA has produced a fact sheet entitled "Dispensing health service prescriptions — The proposed contract." Initially intended for "selective" distribution by local branch NPA chairmen, for example, it gives the background leading up to the agreement of terms for the new contract, the existing problems and how the contract could have gone some way to solving these. Copies will be available from the NPA.

## 'Government lacks resolve' — King

**The lack of resolution shown by the Government in its failure to bring in a new contract on October 1, has resulted in a debacle, presenting both the profession and the Department of Health with the worst possible state of affairs.**

Many of the avalanche of contract applications precipitated by the prospect of limited entry would not have been awarded under regulations agreed between the DHSS and the Pharmaceutical Services Negotiating Committee, according to Mr Joe King, one of the regional members of the National Pharmaceutical Association.

"The Government has caused problems not only for the profession but

## 'Pharmacists unite' — Unichem

**Unichem is calling for pharmacists to unite and support the efforts of the Pharmaceutical Services Negotiating Committee (PSNC) to settle the new NHS contract question or face the possibility of an end to community pharmacy.**

Chairman David Mair says: "As a profession, we have a duty of care to the communities we serve. Unless the new contract is successfully implemented, areas of the country which could have had a community pharmacy to look after their needs will be deprived of one.

"The objective of the new terms of contract hammered out by the PSNC is not to force hapless pharmacists out of business...but to improve the service that our profession gives to communities..."



## Decision on HD appeal before Christmas

After three days of legal argument, the Appeal Court has reserved judgment in an appeal challenging a decision of Mr Justice Taylor last June in favour of importers of brand-name drugs and medicines. Judgment is expected before the end of the present legal term on December 20.

The appeal by Social Services Secretary, Norman Fowler, was against a ruling that the high discount scheme

introduced last January for reimbursing chemists dispensing medicines and other pharmaceutical products on prescription, was unlawful.

The trial judge ruled that the two-tier system was in breach of Article 30 of the EEC Treaty because it wrongly restricted imports.

Bomere Medical Supplies Ltd, of Borough, South East London and Eurochem Ltd based in Andover, Hants, had complained that the discount system discriminated against importers because it obliged them to sell products at much lower prices than was profitable or forced them to increase their prices to a point where they lost their competitive edge.

The three judges hearing the appeal are headed by Sir John Donaldson, Master of the Rolls.

## GP computer trial success

Most doctors and staff taking part in a year's trial of microcomputers in general practice thought the systems worthwhile and wished to maintain or expand their use.

The systems were installed in some 150 practices, involving 600 doctors and 1,000 ancillary staff. The Department of Trade and Industry met half the cost of installing the systems, the whole cost of training and maintenance for the first three years and gave grants towards the cost of converting records during the first year.

The benefits of computerisation were seen mainly in patient registration and repeat prescribing, where four out of five doctors thought gains had been made. Three-quarters of the practices also used the computers for recall or screening procedures, such as rubella vaccination, cervical smears or identifying patients on particular drugs.

According to a report on the trial, published last week by the DHSS, about 80 per cent of doctors and 70 per cent of staff thought the computer had simplified the job of issuing repeat prescriptions, although in some practices the procedure took longer after computerisation.

More systematic procedures for issuing repeats should lead to safer prescribing, the report says, although there was no concrete evidence of this because no external clinical assessment was possible. Two-thirds of the doctors and 40 per cent of staff believed the computer to be safer, but over one quarter of doctors said they checked the repeat prescriptions less than before. In some practices, computerisation encouraged the review of

repeat medication.

The figures examined showed no significant changes in prescribing costs but many practices would not have had enough time to make full use of its computer facilities for repeat prescribing. A number of practices initiated full or partial generic prescribing.

Computerisation was not without its problems. About two-thirds of doctors and staff had experienced difficulties with the systems and with the changes in working methods needed. *General Practice Computing, Evaluation of the 'Micros for GPs' scheme: Final report (HMSO £6.85).*"

## Limited list 'a disaster'

A protest by Roland Boyes (Lab) that the limited list is proving to be a disaster was rejected by Social Services Secretary Norman Fowler in the Commons last week.

Disputing the minister's repeated claims that the operation was working well, Mr Boyes mentioned that it was causing grave anxiety to patients and doctors.

He also said that the volume of complaints was so large that the Minister could not deal with them in a period of less than three months. Mr Fowler retorted that Mr Boyes made a complete mis-statement of the position.

"Despite early controversy the selected list has settled down, is working well and is producing sensible savings." He confirmed that the savings in the drugs bill are expected to reach the estimated figure of £75m.

## PIP beats EAN to the post

Resources to utilise EAN bar codes in the front shop are likely to remain beyond the means of the average retail pharmacy for the foreseeable future, according to Mr Brian Dosser, administrator of the National Pharmaceutical Association's Pharmaceutical Interface Products Code (PIP Code).

Speaking at an Institute of Packaging seminar last week, Mr Dosser noted that even Boots — who intend to "go live" with EAN at their Peterborough store next year — have already accepted that bar-coding of some products is not physically practical. "They have conceded that cosmetic companies may use an article number which need not necessarily be in bar-coded form," he said.

Explaining the "available now" advantages of PIP Code, Mr Dosser acknowledged that the technology for both reading and printing bar codes has improved enormously, but said that file maintenance remains an "administrative nightmare" since only the manufacturer can allocate an EAN code. Keeping abreast of new products, product deletions, pack changes, size changes and the allocation of codes to unmarked products is the main difficulty, but PIP Code offers a solution in that it is centrally allocated, has its own computer masterfile, and changes are published weekly in *Chemist & Druggist*.

Mr Dosser urged manufacturers to include the code on their products. It need not be in bar form because of the limited number of pharmacies likely to adopt use of light pens, but where pharmacy was the major outlet, that too would be "a nice touch showing your heart is in the right place," he said.

So far, PIP Code had found its widest application in ethicals ordering and, again, a fundamental advantage was the fact that it was "published," said Mr Dosser. And should plans to computerise pricing of NHS prescriptions come to fruition — with code and batch printed on a peelable label — Mr Dosser thought PIP Code should be considered seriously for the purpose.

Not only did it cover all medicines in the Drug Tariff, but there were codes for generics, he concluded.

The seminar also heard speakers supporting the use of EAN codes in the hospital service. A similar view came from Boots who last year warned their suppliers to bar code with EAN by 1986.

*Chemist & Druggist 23 November 1985*



# **JUST FOR THE RECORD...**

“ Legal advice about our powers was and is the only reason for our decision and any suggestion otherwise is absolute and total nonsense . . .

Some of those who did not approve of the terms of the contract may try to suggest otherwise, *but they are indulging in pure play acting and make believe.* ”

“ Others have suggested that the PSNC has somehow ceased to represent contractors. I am perfectly well aware that the PSNC has been the recognised negotiating body for many years. I am not aware of any general feeling that the PSNC should be replaced by some other body.

The PSNC remains the recognised negotiating body. ”

“ The Government has no wish to withdraw from the new contract. It has no intention of withdrawing from the new contract . . .

The new contract is signed and sealed and will be delivered. ”

**BARNEY HAYHOE**  
Health Minister, November 11, 1985

**Pharmaceutical Services  
Negotiating Committee**

*Working for the interests of all pharmacy*





## Drug side effects in new 'ad' code

**The new British Code of Advertising Practice bans claims that alternative medicines are safe or without side effects.**

This is an additional requirement since the last code was published in 1979. It covers non-allopathic products such as herbal, homoeopathic, biochemic and anthroposophic remedies, for which advertising claims "will be assessed in the light of expert opinion within these fields and having regard to the medium in which the advertisement is published." The preview code stipulated that advertising for non-orthodox products should not claim superiority over orthodox products. The new code comes into effect on January 1, 1986.

A revised section on vitamins and minerals gives more details on the claims that can be made for dietary supplements. Advertisements should avoid any suggestion that supplements can take the place of a full and nutritionally balanced diet and that, except in certain categories of people, supplements are necessary to avoid dietary deficiency; that supplements can enhance normal good health or, when added to a balanced diet, can provide any therapeutic benefit to those in good health; or that the addition of a supplement to the diet will enhance good looks, elevate mood or increase performance.

Among the ten categories of people listed as possibly requiring vitamin supplements are those who regularly eat nutritionally inadequate meals, women of child-bearing age who may need appropriate supplements such as iron, lactating women, and pregnant women who have been professionally advised to take supplements.

The code is published by the CAP Committee, Brook House, 2 Torrington Place, London WC1E 7HN.

## 'One in the eye'

**Two Parliamentary motions have been laid calling for the abolition of the Draize eye irritancy test.**

Both motions urge the Government to "ensure that this barbaric activity is brought to an end as quickly as possible and alternative methods of testing are found to end this cruelty to animals."

The motions have been signed by 17 MPs, and come shortly before new legislation to replace the Cruelty to Animals Act 1876, is due to be introduced.

## Like a loan? Where to go...

Thinking of opening a pharmacy? Good site. Near a decent GP practice. On a busy road. Great! What? It's between the surgery and another established pharmacy. Never mind, there's no new contract to worry about, just run along to us, your friendly independent wholesaler...Unichem. If it's a sound business proposition, yes, we'll finance you. The other shop is a Unichem shop? Let's not quibble too much about him. He may spend £15,000 a month, but when you get going we would look for £20,000 a month!

As Mr Dodd says, Unichem represent the best interests of all independents — after all who owns Unichem? That's right, the members. You pays your money chaps, but may not always have the choice you thought. I suggest you do something about this particular change of policy which I think is unacceptable in a members' co-operative.

## What's in a name?

It looks as though the BPA — British Pharmacists Association (UK) — thinks there is more than I can see. They want the Pharmaceutical Services Negotiating Committee to change its name, presumably because it uses the word "pharmaceutical" which it seems to think should only be used by individual pharmacists.

My understanding is the title of the Committee refers to its reason for existing, which is to negotiate on behalf of NHS contractors who operate pharmacies, the terms under which they will provide pharmaceutical services. This same descriptive term is used by Government and Family Practitioner Committees in dealings with doctors who may wish to dispense medicines. I'm glad I didn't give the BPA, in its previous incarnation as the PAC, any of my money to waste on such ludicrous semantics...

## ...and finally the BPA's proposals

The BPA has finally published its ideas of what the ideal contract *should* be like. Nothing wrong with that, nor is there anything new in what they propose.

We have all been tossing these identical "ideal state" propositions around for years. Personally I think the contract should only be made with the pharmacist, so our profession should become independent of companies which view the provision of pharmaceutical services solely as a potentially profitable investment.

But without being unkind, the economic arguments in favour of this ideal state are not so easy to advance in a way guaranteed to produce instant conversion of a capitalist, doctrinaire government.

The BPA's leaders seem surprisingly hard of hearing when it comes to listening to what Government spokesmen have been telling us, loud and clear. The Department of Health doesn't like the Basic Practice Allowance. It is determined to get rid of what it sees as an unnecessary feather-bedding of uneconomic contractors, which is being mis-used as a negative factor to discourage would-be leapfroggers.

But to be serious. I'd love to see what they suggest put into practice. I'd love to have a gin palace moored on the Med...and a castle in Spain, too. What a pity that what we want and what we are likely to get seem so far apart.

## Pendulum pendulee

Hospital salaries. I remember clearly how I came to leave the hospital service. It followed the realisation that the porter was earning more than I was as senior pharmacist and, additionally, that he was receiving substantial overtime for covering the extra services I was required to give free. Not only that, I was unable to get a mortgage to buy the house we wanted, one which could only be described as a standard "semi."

I took a job in a scruffy retail establishment for a third more than my NHS wage and, reluctantly at first, learned skills beyond the specialist confines of my past employment.

There were times, subsequently, when I regretted the move — particularly when the salaries were finally reviewed and men with responsibilities were properly rewarded in the hospital services. But it was too good to last as we now see it.

We see again departments having to sweat their labour in attempting to cover the shortfalls of qualified staff caused by inadequate pay. It is a great pity there is not a fair long-term salary structure which could attract and retain pharmacists of high calibre for the hospital services. This pendulum effect is so damaging.





WE'VE TAKEN  
THE NEXT STEP  
FORWARD...



# WISDOM<sup>®</sup>

## A NEW DIRECTION



This is the distinctive pack design for a unique new range of toothbrushes Wisdom Quest.

Wisdom Quest provides a toothbrush for every type of mouth. There are six different brushes in the range:

- ▶ Three straight handled with flat trim.
- ▶ Three angle-headed with concave trim.

Each one is the result of painstaking research into exactly what the customer wants from a toothbrush. Angled heads to reach all areas of the mouth with concave trim to clean along the gum-line. Straight handles and



# IN ORAL HYGIENE



from the firm's versatile growing oval.

The Wisdom Quest range incorporates four different head shapes on its packs and brushes. The unique 'Angled Head' code is a distinctive oval shape and is designed to help dentists recommend a specific brush for each patient's needs.

The launch of Wisdom Quest will be supported by a media campaign, including TV, press and radio, as well as a series of educational materials.

For further information, please contact the Wisdom Quest team at 01203 250000 or visit our website at [www.wisdomquest.co.uk](http://www.wisdomquest.co.uk).



# Standing room only for *EXTRA* Sales

Good looking — hard selling and practical — these two display stands will create a real impact in your store. "The maximum amount of product display in the minimum floor space (7:1 selling to floor area ratio) that's what you get with the **Lady Jayne** spinner stand. Not to be outdone **Miss Jayne** features a concise range of hair fashions on this attractive and colourful counter spinner unit.

Make Standing Room for Extra Profit with the No. 1 in hair fashions.

*Lady Jayne*  
**miss Jayne**



Lady Jayne 1J00101 Spinner Stand

Miss Jayne 1745 Counter Stand



## Conjuvac Injection

**Manufacturer** Dome/Hollister-Stier,  
Strawberry Hill, Newberry RG13 1JA

**Description** Conjuvac initial treatment set contains 12 colour coded unit dose vials of allergen extracts of various strengths, and 2x2ml ampoules of Water for Injections BP for reconstitution of the unit dose vials. Maintenance treatment sets for seasonal allergies consist of 4 top strength vials, 4 ampoules of Water for Injection BP. Maintenance treatment sets for perennial allergies consist of 10 top strength vials, 10 ampoules of Water for Injection BP. Full instructions for use are provided.

**Uses** Immunotherapy of patients sensitive to specific allergens. There is an equivalent diagnostic solution (Alpha-Test) for each Conjuvac allergen extract. They are prepared from common source materials ie grass pollens, house dust mite.

**Dosage** Immunotherapy should begin with an initial treatment set and be continued with maintenance treatment sets. It is recommended that treatment is given for three consecutive years.

Seasonal allergies should be treated pre-seasonally. For perennial allergies, initial injection of perennial allergens can begin at any time of the year and should be followed by maintenance injections. For all dosage/administration details and schedule see Data Sheet.

**Contraindications** It is inadvisable to administer Conjuvac during pregnancy. It should not be administered during an asthmatic attack or during a febrile illness.

**Precautions** Conjuvac should not be injected intravenously. Adrenaline injection BP should always be available when administering any immunotherapy. Following each injection patients should be detained in the surgery for at least 30 minutes, and advised against taking strenuous exercise, hot baths, sauna, or applying any form of heat locally to the injection site for the remainder of the day. It must always be determined whether any reaction occurred after the previous injection before administering the next one.

**Side effects/adverse reactions** As with all forms of immunotherapy local reactions or systemic reactions may occur. For full details see Data Sheet. Often some itching and redness at the injection site.

**Pharmaceutical precautions** Proper aseptic precautions should be taken during reconstitution. Unreconstituted lyophilised material does not require refrigeration but should be stored in a cool dry place. Vigorous handling or shaking during reconstitution may result in

foaming and once reconstituted Conjuvac must be used within 12 hours.

**Supply restrictions** Prescription only  
**Issued** November 1985

## Sterwin

The Sterling Winthrop Group are launching a range of prescription generics through a new division, Sterwin Medicines.

The prescription generic range to be sold by the Sterling Health sales force will comprise paracetamol 100, 500, 1,000, 2,500, 5,000; aspirin 500; co-codamol 100, 500, 1,000; co-codamol dispersible 60.

The company is operating a parcel size point system on which discounts are dependent. *Sterwin Medicines, Sterling Winthrop House, Onslow Street, Guildford, Surrey GU1 4YS.*

## BRIEFS

**Agarol Emulsion:** The 170ml bottle has been replaced by a 200ml bottle (£1.69 *rsp*). *Warner Lambert Health Care, Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY.*

**Cam bronchodilator mixture** has had the tartrazine colouring agent removed. This has resulted in a slight change of colour. *Rybar Laboratories Ltd, 29 Hill Avenue, Amersham, Bucks HP6 5BX.*

**Pholcomed-D linctus:** The DHSS has approved a "sell out" period of old stock labelled Pholcomed diabetic linctus, up until December 1. *Medo Pharmaceuticals Ltd, Schwarz House, East Street, Chesham, Bucks.*

**Berk Pharmaceutical:** have added amoxycillin capsules and ibuprofen tablets to their generics range. Amoxycillin capsules 250mg (100 capsules £16.55), 500mg (100 capsules £33.10). Ibuprofen tablets 200mg (500 tablets £8.00) 400mg (250 tablets £7.75). All prices basic NHS. *Berk Pharmaceuticals Ltd, St Leonards Road, Eastbourne, Sussex BN21 3YE.*

**Duphar** are introducing revised coding on three products, which will be introduced as new batches become available.

Duvadian Retard capsules imprinted "Duphar 133"; Serc 8mg tablets with "Duphar" on one face and "256" on the reverse, and Duphaston 10mg tablets with "Duphar" on one face and a scoreline with "155" on each half of the reverse. *Duphar Laboratories Ltd, Gaters Hill, West End, Southampton SO3 3JD.*

**Philcodine linctus:** May & Baker have introduced azo dye free linctus complying with the "Open Formula" monograph published in Amendment no 5 to the British Pharmacopoeia 1980. Introductory prices are available. *May & Baker Ltd, Dagenham, Essex RM10 7XS.*

## Running up to Christmas

A pre-Christmas advertising campaign started this week in support of Leo Laboratories' OTC indigestion and diarrhoea remedies, Opas and Opazimes.

Centred on national tabloids such as *The Daily Mail, Sunday Mirror* and *Sunday Express*, the campaign represents the first phase in a £0.4m 1986 advertising campaign for the Leo OTC range.

For Opas and Opazimes, the New Year campaign will advertise on Intasun travel wallets, and Chemiscan.

Coinciding with their pre-Christmas campaign, Leo are offering bonus deals to pharmacists placing orders for Opas and Opazimes during November and December. *Leo Laboratories Ltd, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.*

## Aseptic response from Germolene

Beecham have decided they are to relaunch their Germolene range according to a report in *Marketing Week*.

The magazine said the relaunch would include a reformulated product and new packaging, centred on Germolene cream and ointment and that was to be backed by "extensive" advertising.

However, the story was described as "totally inaccurate" by Peter Glynn-Jones, general manager of Beecham Proprietary Medicines. "The inference that Germolene had been destocked by chemists was totally untrue, as was the speculation on product development and advertising plans," he told *C&D*. "We are continually reviewing all our brands and will announce our plans for Germolene at the appropriate time." *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

## Making it Clear

Nicholas Kiwi are supporting Aspro Clear with a £900,000 advertising campaign.

A new television commercial will be screened nationally from December through to February, while a women's Press campaign will run through to March in the major monthlies and weeklies. *Nicholas Kiwi division of Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks.*



## Flash offer from ICML for Xmas

Independent Chemists Marketing Ltd are continuing their offer to independent chemists of a free electric corkscrew with £186.35 worth of flash during December.

Consumer savings for the month will feature on Nusoft all-in-one toddler size 60s; Terry nappies; Sunpure decaffeinated coffee; baby oil; bath sponges; baby bath; baby powder; baby lotion; baby shampoo 250ml; toilet sponges; baby cream; pull-on pants 3s; Nuhome washing-up liquid; fabric softener; aluminium foil; marble sponges; pine disinfectant; all purpose cloths 5s; Hanx Mansize tissues; kitchen towels; cotton buds; bleach; floor and wall cleaner; cream cleanser; 150s tissues; baby sponges and toilet tissue.

Bonuses are available on all these products as well as on Nusoft minipads and sanitary towels, Nucross tablet cartons and medicated pastilles. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## Dreamland for Physiopads

Dreamland are running a special offer to the chemist trade during the launch of their new Physiopads range. The retail price for each pad is £24.95, and until the end of December, Dreamland are offering one free Physiopad for every starter pack of 8 mixed units. *Dreamland Electrical Appliances plc, Hythe, Southampton.*

## Paracetamol for toddlers

Bristol-Meyers Ltd have introduced paracetamol tablets for children with Angiers Junior Paracetamol.

The company claims it is the first paracetamol tablet specially formulated for children, and contains 125mg paracetamol. It joins Angiers Junior Aspirin as an alternative analgesic for all minor child ailments.

The peach-flavoured, chewable tablet can be easily crushed and is recommended as suitable for babies as young as three months. Angiers will be supported by advertisements in *Parents*, *Mother, Health Visitor*, and *Primary Health Care* magazines this Winter and, in 1986, with a free consumer offer. *Bristol Myers Company Limited, Swakeleys House, Milton Road, Ikenham, Uxbridge.*



## A gift from Roc

Roc counter promotions for the Autumn and Winter period include a free gift of a 60ml eye make-up remover lotion with each compact facial cleanser presented together in a white carrier carton. A counter merchandiser which holds 12 packs is available and the packs retail at £7.95 which is the regular retail price for the cleanser from January 1986 when the promotion is scheduled for delivery.

Under the theme of essential Winter skin care, Roc's moisturising lipscreen, vitamin cream, and super-rich cold cream will be supplied with consumer leaflets with advice on skincare. A merchandiser holding six of each cream and 12 lipscreen is also available. The promotion is for January 1986 delivery.

A counter merchandiser is being used to promote hypo-allergenic products for sensitive eyes. The unit holds six eye-make up remover lotions, 12 automatic mascaras and a mascara tester. The products retail at their regular price and the unit is for immediate delivery. *Roc Laboratories UK Ltd, Avis Way, Newhaven, Sussex.*

## Pino move

The men's grooming range Pino Silvestre will from December 1 be distributed by *Victor Mens Toiletries Ltd, 153 Shepherd's Bush Centre, London W12 8PP.*

## Nappy and free

Pea Douce are running a consumer offer on their economy 11 range of Babyslips.

On-pack stickers reveal that with Maxi 48 there are four nappies free, 80 pack mini — ten free, super 60 — six free, and on the 42 pack extra — two free. The offer will run while stocks last. *Pea Douce (UK) Ltd, Rye Road, Hoddeson, Herts E11 0EL.*

## Illuminating advert

The Duracell range will receive its first television advertising this month.

A £350,000 six week campaign broke this week in London, Central, Granada, Yorkshire, STV, TVS and Anglia regions, with a 20 second commercial featuring the work torch and two ten second commercials illuminating the pocket and tough torches. *Duracell (UK) Ltd, Duracell House, Church Road, Lawfield Heath, Crawley, West Sussex RH11 0PQ.*

## Pond's all-year splash

Chesebrough Pond's are promoting their Pond's Cream and Cocoa Butter range with a consumer offer.

A mini-leaflet called "All-year round skincare from Pond's" will be banded to all sizes of Pond's Cream and Cocoa Butter skin softening lotion and cream. It incorporates a 25p-off coupon for the lotion, creme bath with cocoa butter and all the Pond's creams. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

## ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	BT tv-am	IT Tyne Tees

### Actifed Compound linctus and expectorant:

All areas except U, Bt

Alacite Plus: U, TTV, C4

Askit powders: STV

Beecham hot lemon: All areas except Bt

Benylin expectorant: All areas

Benylin paediatric: Y, C

Complete Care: G, Y, TSW

Crookes Strepsils: All areas except CTV, Bt

Dixcel: All areas

Duracell: All areas

Faberge Fleurs Du Monde: G, C, TVS, TTV

Clairol foot spa: TTV, C4

Gold Seal batteries: All areas

Hills balsam and pastilles: G, Y, TTV, C4

Hustler grooming range: LWT

Jerome hair and body glitter: Bt

Karvol capsules: All areas

Listerine: All areas

Nana: Y

Nurofen: All areas except CTV, Bt

Oil of Ulay: TTV, C4

Perfect Colour by Cutex: All areas

Poly Foam: C4

Resolve: All areas except Bt

Ribena: All areas

Sanatogen vitamins: All areas

Sinex: All areas except U, CTV, LWT, Bt

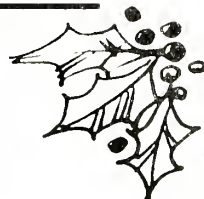
Sinutab: All areas

Ulay cleanser: GTV, STV, B, G, Y, C, A, HTV

Vaporub: All areas except U, CTV, LWT, C4, Bt

Yardley White Satin: All areas





A REMINDER TO ALL  
RETAILERS

*Yardley*  
**CHRISTMAS T.V. BONANZA  
CONTINUES**

**£1½ MILLION SPENT TO DATE AND.....  
£2¾ MILLION  
BETWEEN 1st — 20th DECEMBER**

**CAPITALIZE ON THIS PEAK GIFT PURCHASE PERIOD  
AND GIVE MAXIMUM DISPLAY TO**

- *WHITE SATIN – The newest YARDLEY Fragrance*
- *LACE*
- *PURE SILK, CHIQUE and ESP*
- *SWEET PEA and ENGLISH FINE COLOGNE*
- *Perfumed Floral TALC and  
HAND & BODY LOTION DECANTERS*
- *Perfumed Floral SOAPS in TINS*
- *GOLD and BLACK LABEL*
- *JOVAN Brands*
- *Beautifully packed Gift Sets*

***Trust YARDLEY to increase your sales this Christmas***





## Coppertone in a new light

Scholl are relaunching Coppertone for 1986 with new "Lite" formulation products and packaging.

The new look range takes up less space and capital outlay than competing brands, say Scholl. "Pharmacists need stock only 10 units to cater for all skin types and holiday needs." They will be supporting the brand with a television advertising campaign costing £1m plus.

Formulations are said to be non-greasy and easily absorbed, with active moisturisers, vitamin E, aloe and jojoba.

The packs graduate in colour from gold to pale brown, indicating the degree of protection. The lighter the shade, the higher the SPF value. User instructions are on the side of the carton.

1986 sees the introduction of Shimmering Sun gelee (£3.95 for 100ml), water-based, with SPF 2, it adds a sheen to the skin while tanning and is suitable for normal or dark skins.

Recommended for sensitive areas or fair skins is the new Sunstick SPF 15 (£2.95) which is a sunblock in a handbag-

size dispenser that gives total protection.

The claim "waterproof" is made for Coppertone Lite sunscreen cream with SPF 8. This product is designed for sensitive and fair skins at the start of the holiday, and for children and water sports enthusiasts.

Also in the range are Sunblock milk SPF 15 (150ml — £4.95), Sunscreen milk SPF 6 (15ml, £4.45); a tanning cream (100ml, £3.45) and milk (150ml, £3.95) with SPF 4 and Coppertone Lite tanning oil SPF (150ml, £3.45).

Two products in the after-sun category come in contrasting blue packs: Aquacool gel (£2.45 for 100ml) and Apres Plage aftersun milk (£2.95 for 150ml).

The self-tanning range will be promoted as a distinct market segment from next year, with QT and Sudden Tan on a separate display from the Coppertone range say *Scholl (UK) Ltd*, 182 St. John Street, London EC1P 1DH.

House of Sheldon have appointed Pharmagen to distribute their sun preparations range for 1986. *Pharmagen Ltd*, Church Road, Perry Barr, Birmingham B42 2LD.

# The hottest 'pick-up' line this winter!

BODY WARMTH

# Mr. Hot

## Handy pack for instant heat

Safe, convenient **Mr. Hot** will provide 20 hours of soothing warmth, whenever, wherever your customers need it.

- **Mr. Hot** Relieves muscular aches and strains
- **Mr. Hot** Eases arthritic aches and strains
- **Mr. Hot** Gives extra body warmth for all outdoor or sporting activities, or for those at risk from the cold.

**Mr. Hot** sells himself from an eye-catching display outer containing 36 packs, each retailing at **59p**

David  
Anthony Pharmaceuticals  
Limited



Edwards Lane Speke Liverpool L24 9GH Tel: 051-486 7117 Telex: 629846 Hermes G



**Keep Mr. Hot on your counter — and pick up the profit!!**



# After the agony of the last few months, Fisons offer some fast-acting relief.



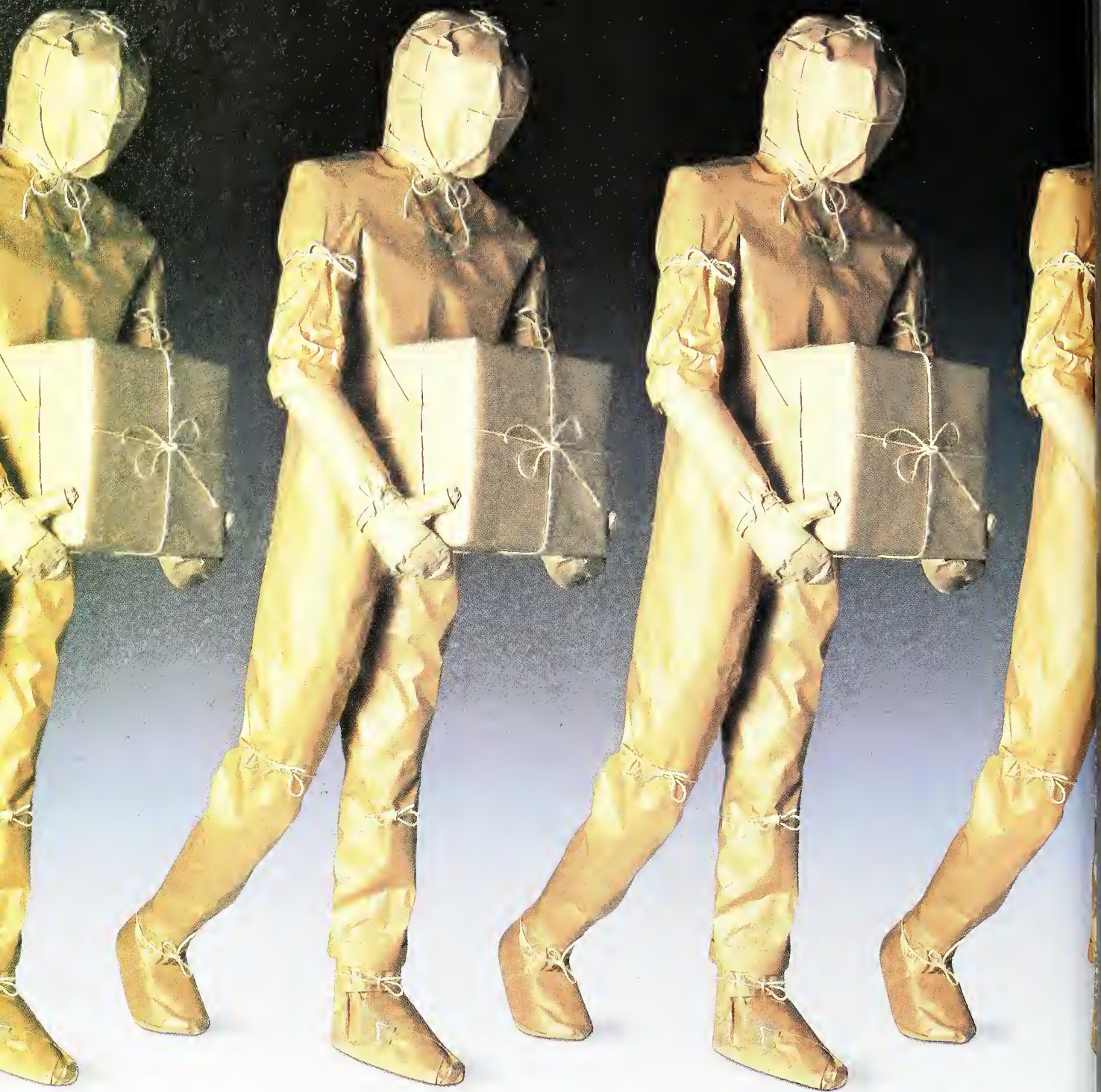
The effects of the limited prescribing list have caused one or two headaches for all of us.

What is needed is an effective and speedy remedy. It calls for Paracodol, now available as Co-codamol Eff. (the British approved name for Paracodol prescriptions). Paracodol contains a powerful combination of codeine phosphate and paracetamol to relieve pain associated with headaches, rheumatism and flu.

At least with Co-codamol Eff., or Paracodol, you know you have a strong analgesic to relieve your customers' and patients' pains, as well as a few of your own!

**co-codamol eff.**  
The prescribable form of Paracodol.





## **GUARANTEED DISTRIBUTION IT'S A**

Whether you're testing a new brand or developing an existing one, effective retail distribution is the cornerstone on which results are built.

And it is distribution which lies at the heart of Tyne Tees Television's new marketing package—Pulsebeat.

Advertisers participating in Pulsebeat will be guaranteed distribution in one of the four main sectors of the retail trade.

In the grocery sector, for instance, we can guarantee shelf space in over 100 outlets with three major store groups.

In off-licences, distribution will be guaranteed in over 150 outlets in the region.

Distribution in the DIY sector will be achieved in stores with an annual turnover in excess of £35m.

While in the chemist sector, we will guarantee distribution in a minimum of 120 specialist outlets; approximately one quarter of the total.

As a region, Tyne Tees offers a strong regional identity with a retail trade structure to match. And a compactness which allows

for rapid and trouble-free distribution; advantages which no other television region can equal.

As a marketing package, Pulsebeat offers a comprehensiveness second to none.



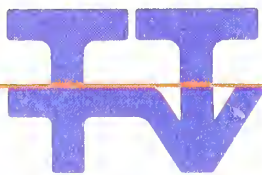


## OF THE PULSEBEAT PACKAGE.

In addition to guaranteed distribution, advertisers can benefit from our unique predictive research, linking three areas in the country with three macro-regions of the country. Audience delivery is guaranteed: spots, once slotted, will be pre-emptible. Additional services including commando sales force, free time monitor, even creative and production facilities will all be at your disposal. Pulsebeat is a complete marketing service suited not only to advertisers but to any advertiser seeking to develop their business with Tyne Tees.

When you commit yourself to marketing with Tyne Tees, we're committed to helping you succeed.

If you'd like to see our brochure or presentation, contact the Pulsebeat office on (01) 405 8474.



TYNE TEES TELEVISION

**PUTS YOUR FINGER  
ON THE PULSE.**



# Gx: A response to growing demand.

*The response by GP's to the launch of Gx has been very encouraging.*

*Gx have set up the 'Freefone Gx Direct Ordering System' to allow you, the Pharmacist, to take full advantage of this expanding new market.*

***Remember:***

- *Gx is a brand, and is reimbursed at full Gx list prices.*
- *Gx is here to stay.*
- *Gx is available – anywhere in the UK.*
- *The Gx sales force, together with continuing advertising activity, will ensure an increasing demand for Gx.*

***Dial 100 and ask for Freefone Gx to order the special Introductory Starter Pack:***

- *On a Sale-or-Return basis – no financial risk.*
- *90 days free credit.*
- *Substantial discounts.*

DIAL 100 ASK FOR  
***Freefone***

*A member of the Glaxo Group*

*of Companies*



## Slow growth for cosmetics and toiletries to 1990

The UK market for cosmetics and toiletries will grow in real terms at 2 per cent a year in the second half of the 1980s, according to a review of the market from Euromonitor. Strong growth is predicted for beauty and hygiene products.

The total UK market for cosmetics and toiletries was worth £1,715m in 1984, an increase of 4.5 per cent in real terms over 1983. This followed similar real growth in 1983, when sales recovered sharply from the depression of the early 1980s — 1985 sales will be in the region of £1.85 billion, say Euromonitor.

The largest of the nine market sectors is haircare at £345m in 1984. It has been the most significant growth market since 1980, although sales have been outstripped by the smaller deodorants and suncare markets, worth £105m and £37m respectively. Sales of deodorants grew by 17 per cent in 1984, and suncare products by over 19 per cent at current prices.

Haircare accounted for 20 per cent of the total market in 1984, ahead of colour cosmetics, which at £275m accounted for a 16 per cent market share. Make-up and colour cosmetics were disappointing in the early part of the decade and recent growth has been less impressive than for most sectors. Fragrances were worth £235m in 1984 and are growing with the market as a whole. More impressive growth has come in skincare products, up 12 per cent in 1984 to total £189m.

Sales of oral hygiene products have steadied, growing by just 5 per cent in 1984 to total £148m. Mens toiletries, at £175m, and bathroom products, at £206m, have generally failed to respond to marketing efforts, say Euromonitor, but these broad trends conceal strong growth in specific sub-sectors.

The fastest growing market in 1984 was styling agents, which grew by 62 per cent at current prices due to styling mousses and gels. The styling agents market was worth £42m in 1984 with £23m spent on mousses alone. Consumer research shows that 23 per cent of women used a styling mousse in 1985. The £127m shampoo market continues to expand, and formerly depressed sectors such as hairsprays are coming back into fashion.

The second fastest growing sub-market has been shower gels, which grew by 38 per cent in 1984. The market is still relatively small, at around £4m per annum. Usership of shower products rose

from 4 per cent in 1983 to 7 per cent in 1985, and was the one bright spot in the generally static market for bathroom products, say Euromonitor.

Within the suncare market, sales of after-sun products have been buoyant. Worth £7.5m in 1984, sales grew by 34 per cent at current prices in the year, ahead of suntanning products at 17 per cent.

In the skincare market cleansers and cold creams have shown recent growth, up 20 per cent at £32.5m. Astringents and toners grew by 19 per cent to £15.5m.

The make-up market has offered fewer growth opportunities, say Euromonitor, although lip and nail products are enjoying a fashionable revival. Sales of lip products were worth £65m in 1984, 12 per cent up on 1983, while nail products grew 18 per cent to £33m. Usership of lip products increased from 65 per cent in 1983 to 70 per cent in 1985.

The deodorants market has remained buoyant, both in terms of standard deodorants, which grew by 17 per cent in 1984, and body sprays, up by 16 per cent. The market for body sprays was worth £25m last year, and usership among women grew from 30 per cent to 37 per cent between 1983 and 1985.

Boots continue to dominate the distribution structure, although they are under threat from drugstores. Boots' sales are estimated at £480m or 28 per cent of the total market. Chemists took £270m of sales (16 per cent), £290m went through food multiples (17 per cent), £240m through department stores (14 per cent) and £130m through drugstores (7.5 per cent). Direct sales through agents and party-plan methods totalled £150m in 1984.

Euromonitor are optimistic about market prospects, although they say "retail sales are unlikely to grow rapidly in overall terms given the presence of a range of essential toiletry products already widely used and competitively priced."

Usership levels are on the increase for virtually all products, with the under 25s showing an increasing interest in personal care and grooming. Population projections show that there will be a substantial increase in numbers of people aged 25-29 and 40-44 years. These are heavy users of cosmetics and comparatively affluent income groups.

There are clear signs of a growth in demand for higher quality premium products, which is now taking precedence over price in many households, say Euromonitor. The male market is showing greater potential in new product sectors, formerly a female domain. The Cosmetics and Toiletries Report (£235). Euromonitor Publications Ltd, 87-88 Turnmill Street, London EC1M 5QU.



Goddards embrocation (100ml, £1.05; 200ml, £1.55). has been repackaged to give a clearer link with sporting enthusiasts, say LRC Products. The brand will next year be supported in national newspapers. A sports awards scheme related to the brand will be announced in January. LRC Products Ltd, North Circular Road, Chingford, London E4

## Agfa have a festival

In time for expected the annual Winter leap in film sales, Agfa are launching their film festival, offering dealers stock at "festive" prices.

With every promotional order for 100 Agfacolor XR print films, the company will supply one of its film festival display merchandisers.

The films are available at discount rates. Any combination of size and film speed can be chosen (except rapid and 120), and orders must consist of a mix of 90 24-exposure and ten 36-exposure films.

The merchandiser, with its firework motif has a "write on, wipe off" headboard allowing the dealer to display his own prices. Window stickers are also available.

The Agfa film festival runs while stocks last. Agfa-Gevaert Ltd, Great West Road, Brentford, Middlesex.

## Watch the spot!

A national television trade spot has been booked by Ciba Consumer Pharmaceuticals for Mucron on November 25 at 21.40 hours on ITV.

The commercial, which uses the "Man Underwater" theme, is running through to March, and features Mucron's new packaging and capsule-shaped tablets. Ciba Consumer Pharmaceuticals, Wimblesbury Road, Horsham, West Sussex RH12 4AB.



# So long



Púr put their range of teats on television next  
Could this be the end of latex?

*Púr* LSR



# sucker.



n. Nationally. In front of 20 million women.







Thanks to persistent coughing from the bedroom, Scamp is wide awake. Only when the Wright's Vaporizer is lit does the coughing subside, leaving Scamp to get some shut-eye.

# He can make you money with his eyes shut.

From January this little chap will be working for you. He is the star of our first ever commercial for Wright's Vaporizer.

It will run on TV am, bright and early, just when mums will be watching.

And now that Wright's Vaporizer is no longer available on prescription, they'll be looking to you for advice.

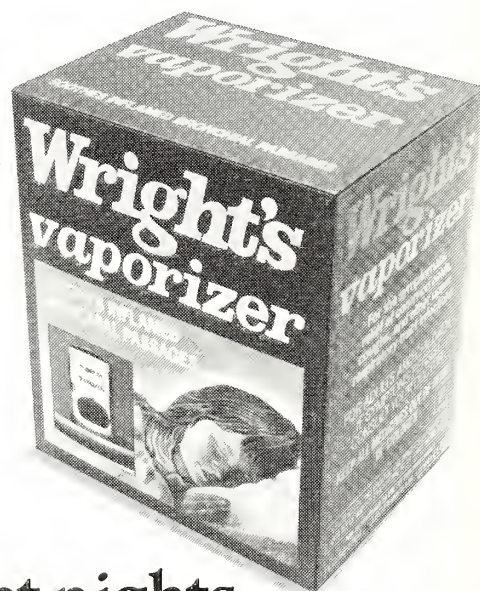
Unlike many cough medicines it's long-acting. The anti-septic vapour is breathed directly into the respiratory tract, soothing coughs and colds for a full 8 hours.

Which means everyone gets a good night's sleep. Including Scamp.

Obviously demand will be high. We've gone all out and re-packed the kit in a bright new eye-catching box.

Make sure you've got a good display of them. (Not forgetting to stock up with extra Wright's Vaporizing Fluid and Wright's Vaporizer Blocks).

Then you can rest easy, knowing you can make money in your sleep.



## Silent nights for adults and children.



A member of the LRC International Group.



## A pointer to pharmacy's past

**Regional Guide to Pharmacy's Past** by Leslie G. Matthews

*Commissioned and published by Merrell Dow Pharmaceuticals*

"This book has been planned to let readers know what can be seen and where.

Though it cannot claim to be a complete record, the selection... is a personal one and related to visits made personally in various parts of the country..."

That declaration sets out the author's intention and how well he has achieved it may depend on the locality of the reader, who looks for known references to objects, museums or memorials within his or her area. If these are not included in the guide, there is likely to be disappointment, but it will soon be overcome by further perusal of the text.

Leslie Matthews has amassed a tremendous amount of detail for this unique guide, and one can only hazard a guess as to how many miles he has

travelled in its preparation. It is a fascinating collection of information and he has often extended the reference beyond a mere brief geographical note.

Where can one see Napoleon's toothbrush?

Has Sir Christopher Wren a connection with pharmacy?

Is there any other pharmaceutical interest at St Albans beyond the NPA? The answers can be found by those who meander through the book.

For the many pharmacists who have an interest in the earlier days of their profession it is likely to become a well-thumbed guide. Being arranged in regions the information is reasonably accessible, although there is no comprehensive index.

The publication is another in the series evolving from the collaboration of the author and Merrell Dow Pharmaceuticals, and again a high standard of production has been maintained. It is immediately evident that much care has been taken in the presentation of the text and the lavish use of colour. Recipients of the book will need extreme vigilance to retain the copy — it is one which "friends" will borrow and



Two Norfolk pharmacists have swept up the latest £1,000 instant prize in Unichem's classic winners promotion. Allen Edmonds (centre left) and David Carruthers MPS (centre right) are joint owners of Allen & Neale Ltd, with three shops in Gaywood, Heacham and Dersingham. They were presented with their cheque by Unichem's Walthamstow branch general manager, Roger Metcalf (left) and branch sales manager David Goulding

may not return.

This publication is likely to increase the number of peripatetic pharmacists. It should challenge all members of the profession to recognise and nurture their background, and accept their responsibility to conserve the best examples of that heritage.

# Care

## HIBITANE

TRADE MARK

### antiseptic lozenges

Chlorhexidine Hydrochloride  
Benzocaine

- Effective antiseptic treatment for mouth and throat infections
- Helps prevent secondary infection following tonsillectomy and tooth extraction
- Pleasant flavour, rapid relief

## for the throat

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Care Laboratories Limited  
Lindow House, Beech Lane,  
Wilmslow, Cheshire SK9 5HG



A subsidiary company of  
Imperial Chemical Industries PLC





# Trio—now the complete decongestant range



**New!**  
**For coughs and congestion**

**Triogesic**

DECONGESTANT/  
ANALGESIC

12 Tablets

**For colds and  
sinuses**

DECONGESTANT/  
ANTITUSSIVE &  
ANTIHISTAMINE

Relieves  
Coughs and  
Clears Nasal  
Congestion

**Triominic**

ANTIHISTAMINE/  
DECONGESTANT

12 Tablets

**For runny noses  
and catarrh**

**First ever consumer advertising campaign**

**£600,000**

**on National TV and Press**

The Trio range of  
decongestants

*Stock up NOW*



## Drug alert after local wholesaler burgled

**Northern Ireland pharmacists are being asked to be careful about their medicine supplies, following the recent theft of a large amount of drugs from a local wholesaler.**

The warning was given at last month's Pharmaceutical Society of Northern Ireland Council meeting by Mr R.J. White, OBE, MPS, who has recently been appointed to the Council by the Department of Health as the wholesale trade representative. Among the drugs stolen were Adalat, Amoxil, Distalgesic, Orovite 7, Zantac and Feldene.

The office has produced a circular giving the current position on parallel imports. Mr Crawford, who expressed his deep concern over the situation, felt it was inevitable that the Department would try to clawback excess profits from all

contractors regardless of whether or not they had used parallel imports. Several members supported him and the matter was referred to the Ethical and Law Committee.

Following recent pharmacy break-ins which had involved Controlled Drugs, Mr McIlhagger asked if the members could be reminded to have any outdated or surplus Controlled Drugs destroyed.

The secretary reported that the pestle and mortar, presented to the Council by the Londonderry Chemists and Druggists in 1934, and stolen from the Society's house in 1978, had been recovered.

Letters have been received from the Pharmaceutical Society of Great Britain about the advisory committee to be set up under the Directives on mutual recognition and Establishment. It will be necessary to meet the PSGB to discuss the composition of the committee and the procedures to be adopted concerning registration of pharmacists from other member states.

The following applications for registration, under the reciprocal agreement between the Northern Ireland

and Great Britain Societies, were granted subject to formalities: Lorna Mary Montague, 17 Bodiam Crescent, Hampden Park, Eastbourne, East Sussex; Timothy Alexander Dundee, 9 Ballyhenry Road, Newtownabbey, co Antrim.

Nominations for committees are:-

**Finance and house:** J.P. Beagon, R.H. Clarke, D. Corbett, R.G. Dillon (chairman), J. Kerr, G.E. McIlhagger, M.V.A. Napier, T.I. O'Rourke, Miss M.J. Watson, R.J. White.

**Ethical and Law:** J.P. Beagon (chairman), J. Chambers, R.H. Clarke, D. Corbett, J.A. Crawford, J.H. Galbraith, W.T. Hunter, G.W. McGlaughlin, Mrs C.O'Rourke, Mrs C.B.A. Watson.

**Education:** J. Chambers, R.H. Clarke, D. Corbett, J.A. Crawford, J. Kerr (chairman), R.J.G. McDonald, Mrs C. O'Rourke, Dr J.G. Swanton, Professor P.F. D'Arcy, Professor R. Grigg.

**General purposes:** J.P. Beagon, R.H. Clarke, D. Corbett (chairman), R.G. Dillon, J. Kerr, G.E. McIlhagger, Dr J.G. Swanton. Mr W.T. Hunter was appointed as the Council representative on the General Purposes Committee.

# Care

## Cetavlon

TRADE MARK

### P.C.

scalp medication

Cetrimide

- Effectively treats dandruff
- Acts against bacteria without drying the skin.
- Relieves itching

## for the scalp

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Wilmslow, Cheshire SK9 5HG

A subsidiary company of  
Imperial Chemical Industries PLC









## The finalists



Ann Boast



Annette Salisbury



Angela Drury



Brenda Fry



Carole Bussell



Karen O'Brien

**Dietary:** Provide a confidential "weigh-in" service, to give customers the incentive to slim. Promote products by offering samples to taste and issue leaflets containing nutritional requirements and basic guidelines. (97) *Paula Sperry, P.A. Taylors, Stourbridge, West Midlands.*

**Dietary:** Stock this section with the help of the dietician in the clinic opposite our pharmacy, who recommends certain diets and exercises to her classes. (31) *Brenda Fry, Medirex Pharmacy, London.*

**Incontinence:** A special counter to display products. More people are suffering from this problem and do not like asking about these items. (122) *Susan Williams, Geo. Rigg Chemist, Taunton, Somerset.*

**Photographic:** Have a board with photographs showing all the various sizes of prints and enlargements along with prices so that a customer can see what a picture would look like. (28) *Sharon Farmer, F.A. Billington Ltd, Halesowen, West Midlands.*

**Photographic:** Write to hotels, stating photographs can be taken at any event and returned the same evening. This would use dead-time on our one-hour processing machine. (33) *Sally Gardner, J.B. Richardson Ltd, Burton-on-Trent, Staffs.*

## Medicines counter

■ An "information centre". A small desk or area with books and leaflets on family medicine. Also information on diabetic/dietary/babycare including scales, height and weight charts. (117) *Christine Webbing, Savory & Moore, Mildenhall.*

■ More information about home remedies via leaflets/charts with regard to home nursing care/treatments or minor ailments, which can be supported by the pharmacist when advice is needed. (119) *Glennis Welsh, Sunningdale Pharmacy, Cleveland.*

■ A section of retail packs of blacklisted items to bring to customers' notice that some medicines they cannot have on the NHS can still be purchased. (22) *Jennifer Crawshaw, B. Currie, Shipley, Yorkshire.*

■ One-third of medicine sales are for cough/cold remedies. Have these in products groupings for dry or loose coughs, with brand leaders in the middle of the hot cross. (27) *Angela Drury, A Whitworth Chemist, Humberside.*

■ Display seasonal items (hayfever, travel tablets, etc) slightly before the season opens with the theme "Be Prepared". (14) *Carole Bussell, Beardsley Chemist, Shropshire.*

# Care

## CETAVLEX

TRADE MARK

### antiseptic cream

Cetrimide

- Strong, yet cleansing and soothing
- Contains cetrimide
- Only available from pharmacists

## for the skin

Full information available from:  
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Lindow House, Beech Lane,  
Wilmslow, Cheshire SK9 5HG

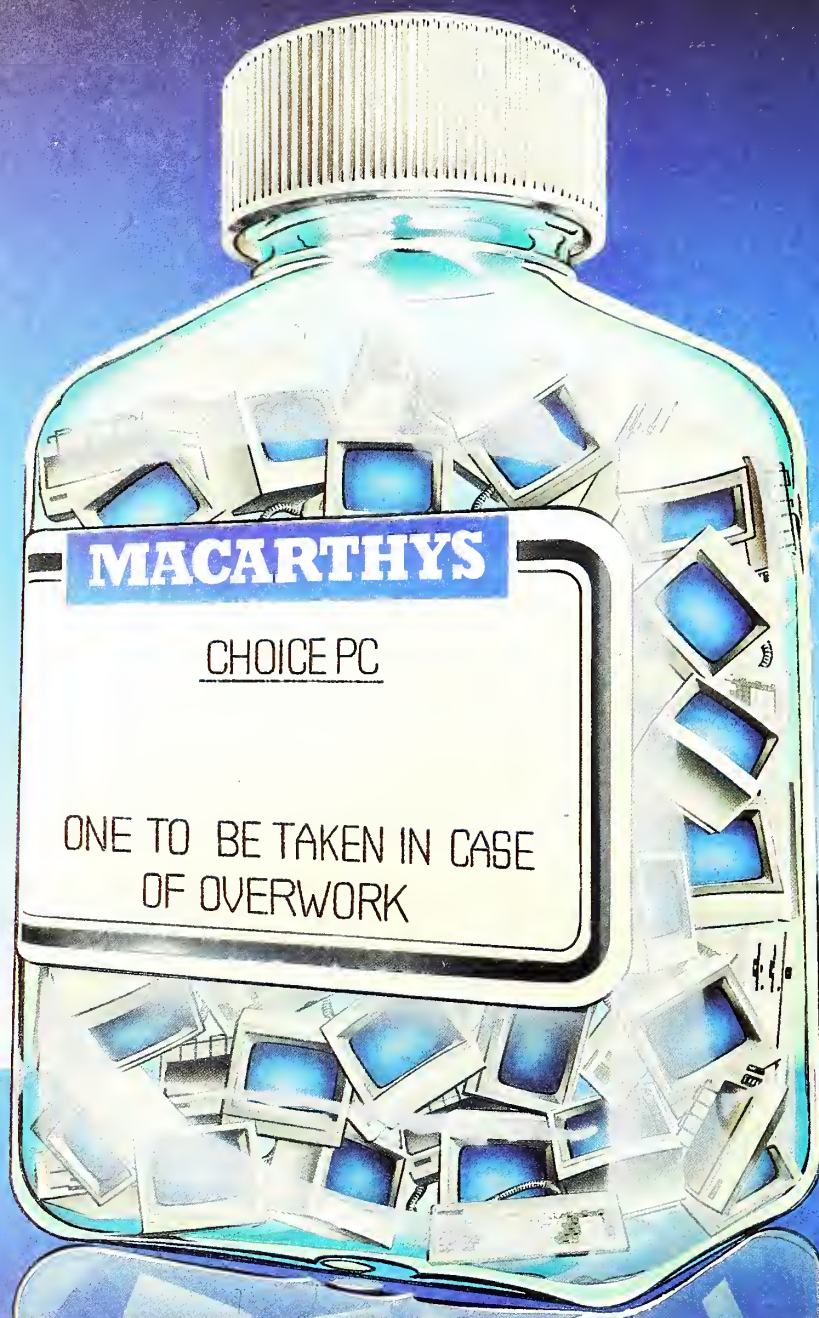


A subsidiary company of  
Imperial Chemical Industries PLC





# RELIEVES HEADACHES



## Macarthy's Choice Plus

Recognise the symptoms? Tense, nervous, over-worked – you're spending more time labelling prescriptions and preparing orders for suppliers than you are as a Pharmacist.

Now Macarthy's can offer you a complete and immediate recovery to all your headaches.

"Choice Plus" – it's like having an experienced assistant to help you. Prescription labels can be printed using easy to learn and logical coding. Popular drugs and dosage instructions can be preset and recalled at the touch of a button. Up to 4 cautionary messages per label plus an audio warning to indicate the necessity of a verbal patient warning.

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The order pad is easily accessible during label production and all the features of our successful Choice P.D.T. have been incorporated within our PC.

Quick and easy drug file update and amendment, blacklisted drug warning, free format and repeat labels are

but a few more examples of the many features of this very comprehensive system.

A detailed specification of the PC. itself is available from your Macarthy's Salesman or nearest Depot. It must be highlighted, however, that these packages create new standards of price performance for in-pharmacy technology.

The twin floppy disk, 256K model, packaged with its Software and all communications equipment costs just £1,950.

The 10 mb hard disk model, again with all communications equipment and Software, is £2,550.

This fantastic value is for an IBM business computer system which enables the user to take full advantage of easily obtainable personal and business Software.

Take the first step to cure your administration headaches and overwork by arranging a demonstration now. Contact Dave Porter, Customer Systems Manager, on Romford (0708) 46033.

## Macarthy's choice

Macarthy's Limited, Chesham House, Chesham Close, Romford RM1 4JX. Tel. Romford 46033 or your local branch manager.





By Stephen Chaplin, MPS

## Are sulphasalazine's days numbered?

**Sulphasalazine** is unique. It is composed of two chemically distinct drugs, sulphapyridine and 5-aminosalicylate, each having a therapeutic use for which the other probably offers no benefits and possibly even increases the risk of adverse effects.

Sulphasalazine is often effective in cases of rheumatoid arthritis that do not respond to non-steroidal anti-inflammatory drugs. Recent evidence shows that sulphapyridine is the active component in arthritis — it is as effective as sulphasalazine when given alone and produces a similar profile of adverse effects. Its mechanism of action is unknown, but theories vary from immunosuppression to an antimicrobial effect (which would imply an aetiological role for bacteria in rheumatoid arthritis).

By contrast, 5-aminosalicylate, or **mesalazine** is believed to be the active component in ulcerative colitis. Sulphasalazine is broken down in the ileum and colon to sulphapyridine, which is well absorbed, and mesalazine, which is poorly absorbed.

Mesalazine is thought to exert a local action on the inflamed colon. Adverse effects associated with sulphasalazine are usually attributed to its sulphapyridine component. These range in severity from minor skin rashes to serious and potentially fatal rashes and blood dyscrasias.

Half of the UK population metabolise sulphapyridine slowly, and these people are particularly at risk from adverse effects. Many people with ulcerative colitis who cannot tolerate sulphasalazine would benefit from mesalazine alone, but until recently it could not be given without its "carrier" component sulphapyridine because it is unstable in gastric acid. New formulations without sulphapyridine are now under investigation, and the first of these to be



marketed in the UK is Asacol.

Asacol is a delayed-release formulation of mesalazine. The premature dissolution of the tablet is prevented by an acrylic resin coating which breaks down only at pH 7 or more. Since this does not occur until the terminal ileum and colon, the drug is released only at its site of action.

Clinical trials have shown that Asacol is effective in maintaining remission in ulcerative colitis. However, these trials have been of relatively short duration (for a drug which may be taken for a lifetime) and, inevitably, experience is limited compared with that of sulphasalazine. Its use is therefore restricted to people who cannot tolerate the more established drug.

On current evidence, Asacol lacks many of the adverse effects of sulphasalazine, and no reports of life-threatening reactions have been published. However, the possible role of mesalazine in serious reactions to sulphasalazine is in reality unknown, and their high mortality demands a cautious approach to substitution. Mesalazine may itself cause headaches, nausea, and feelings of unreality and, like sulphasalazine, may exacerbate pain and diarrhoea in a few

people. Blood levels of mesalazine are slightly higher after Asacol than following sulphasalazine, but it is not yet known if these adverse effects are more common.

Other formulations of mesalazine under investigation include a more conventional slow-release formulation and two combinations with other carrier molecules, ipsalazide and balsalazide. Pharmacia, who presently market Salazopyrin, are evaluating a combination of two mesalazine entities — disodium azodisalicylate.

Are sulphasalazine's days numbered? In the short term, no. Sulphasalazine is a long-established drug with a familiar profile of efficacy and adverse effects. It is effective in Crohn's disease (which affects the ileum) for which Asacol is unlikely to be useful. If, however, the safety record of Asacol lives up to its promise, we can expect to see a much wider use of new formulations of mesalazine.

### Retinoids and pregnancy

Few pharmacists and doctors are unaware of the need for extreme caution in prescribing for pregnant women, particularly during the first trimester, the critical period of organogenesis. Although both animal studies and epidemiological surveys may be particularly difficult to interpret, it seems to be true that most drugs are not significantly teratogenic in man. In fact, there are few proven teratogens — thalidomide is an obvious example; alcohol, some anti-convulsants and anticoagulants are others.

Vitamin A derivatives (retinoids) such as **etretinate** (Tigason) and **isotretinoin** (Roaccutane) were known to be teratogenic at the time of their introduction, but their efficacy in skin conditions refractory to other drugs justified their use. Although considerable publicity has been given to



retinoid teratogenicity, many pregnant women have received the drug.

A recent survey in the United States reported on 154 pregnancies in which the mother had taken isotretinoin during the first trimester. It concluded that malformations of the head, cardiovascular and central nervous systems, and of the thymus, were approximately 25 times more likely to occur in an exposed foetus. If these figures are accurate, isotretinoin may be comparable with thalidomide as a teratogen.

At the time of prescribing, information on contraceptives was available to only 60

per cent of the women in this study. One third were pregnant when the drug was prescribed, one third did not use contraception while taking medication, and one third conceived while taking contraception.

This underlines the importance of ensuring appropriate advice on contraception is always given to any girl or woman of childbearing potential who is prescribed vitamin A derived drugs. As an extra precaution, treatment with retinoids should be delayed until after the next menstrual period.

## The safety of cimetidine

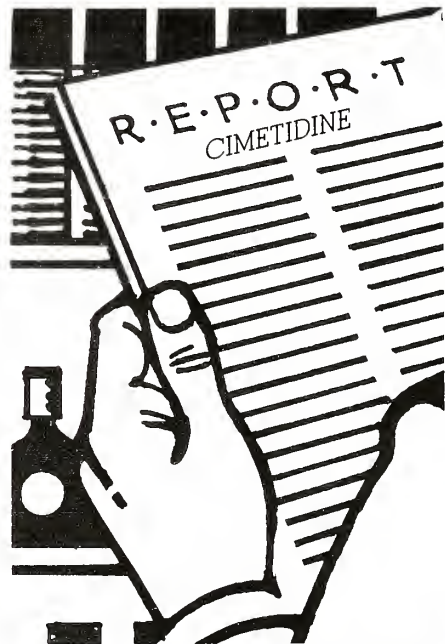
Cimetidine is probably one of the most widely prescribed drugs of all time, and it is also one of the best monitored. A four-year report of a postmarketing surveillance study of nearly 10,000 patients from Glasgow, Nottingham, Oxford and Portsmouth has just been published. It concludes that cimetidine is a safe drug.

Of 1,049 deaths, cimetidine was not associated with any fatal disorder. An unexpectedly high number of deaths due to gastric cancer, lung cancer, and urinary diseases was found but a cause-effect relationship is far from proven.

Gastric cancer may remain latent for several years before becoming invasive, and people with early symptoms are likely to be prescribed an  $H_2$  antagonist. The prevalence of lung cancer is less straightforward. Smokers may be more liable to gastrointestinal complaints (as they are to stomach ulcers) for which they may be given cimetidine, but the smoking habits of the patients in this study were not recorded. However, the development of lung cancer was not associated with the amount of cimetidine taken early in the study, and such a link would be expected if a cause-effect relationship existed.

The frequencies of both gastric and lung cancers appeared to decrease during the study, but the incidence of deaths from urinary system diseases did not. Many of the people who died from these were found to be elderly and suffering from a "multiplicity of disorders", and cimetidine-induced disease was not thought to have caused their deaths. No significant interference with renal function was found in other patients; whether cimetidine's renal effects were important in the patients who died is unknown.

Cimetidine therefore appears to cause no deaths, but the incidence of adverse effects was not reported in this paper. Cimetidine causes a low overall incidence of adverse effects, but its very good safety record has served only to highlight those that do occur. They are undoubtedly serious,



and include confusion in the elderly, and gynaecomastia. More significantly, cimetidine may interact with many drugs, including warfarin, phenytoin, theophylline and diazepam, by inhibiting hepatic enzymes.

The current rival for cimetidine is ranitidine, although it will soon be joined by famotidine, a new  $H_2$  antagonist from Merck, Sharp & Dohme. Ranitidine was promoted partly on the basis of its even lower incidence of adverse effects and virtual absence of drug interactions, and these advantages are attributed to its more specific binding to receptors. Experience has borne out the lower incidence of drug interactions, but calculation of the true frequency of adverse effects is often questioned on the grounds that experience is much less than that with cimetidine. Ranitidine may indeed have a spectrum of toxicity all of its own, and it is likely that we may never answer the question satisfactorily until, as with cimetidine, major studies on safety are reported.

## Yoga for asthma

Alternatives to drug treatment are becoming more popular, but few are accepted by the professions because their benefit, or superiority over drugs of known benefit, is rarely demonstrated by correct scientific studies. It is therefore encouraging to read a report of a controlled evaluation of the benefits of yoga in bronchial asthma.

Over one hundred patients at an Indian clinic were divided into two groups. One group continued to take bronchodilator drugs alone, while the other was also given instruction in yoga techniques and told to practise them for 65 minutes a day. The groups were evaluated every six months for four and a half years, during which time the drug use of each varied considerably. However, the yoga group was found to be using fewer drugs at all but one evaluation, and patients in it were experiencing fewer (but not less severe) attacks of asthma by the end of the study.

There are some flaws in the report; for example, 25 people dropped out of the study and it is not clear why or which groups they were in, and drug intake in the yoga group was initially much higher. However, laying the results before the altar of statistics showed that they were unlikely to be due to chance. In other words, yoga worked.

It has long been known that psychological factors, among many others, can be important in causing asthmatic attacks. Yoga calms people down or, in scientific language, reduces the level of anxiety, muscle tone, and metabolic rate. Whether pharmacists should now have facilities for practising yoga as well as for patient counselling remains to be seen.



This is the first of a regular series of articles by Stephen Chaplin, MPS, staff pharmacist at the Royal Victoria Infirmary, Newcastle-upon-Tyne. The articles will look at current developments in prescription medicines, and complement the existing OTC Update series by Professor Alain Li Wan Po.



**STRESS**

**TENSION**

**PAIN**

**In Tension Headache Syndrome, Syndol blocks pain, relaxes muscles, eases muscular tension, and provides relief that simple analgesics often fail to match.**

ation Syndol tablets are yellow, round, flat-faced, bevelled edge tablets. On one side there is a bisect line and on the other a scored bisect line. Each tablet contains: paracetamol B.P.

**Indication** Syndol tablets are yellow, round, flat-faced, bevelled edge tablets. On one side there is an 'S' design and on the other a scored bisect line. Each tablet contains: paracetamol B.P. 500mg, codeine phosphate B.P. 10mg, Decapryn [doxylamine succinate USNF] 5mg, and caffeine B.P. 30mg.

**Contraindications** Syndol is an analgesic preparation indicated for the treatment of mild to moderate pain and as an anti-pyretic. Syndol is recommended for the symptomatic relief of headache, including muscle-contraction or tension headache, migraine, neuralgia, toothache, sore throat, rhinorrhoea, muscular and rheumatic aches and pains, and for post-operative analgesia following surgical or dental procedures.

**Dosage and Administration** Adults and children over 12 years one or two tablets every four or six hours as needed for relief. Total dosage over 24 hours should not normally exceed 8 tablets. Not recommended for children under 12 years. **Contra-indications** Idiosyncrasy to any of the ingredients. **Precautions** May cause drowsiness: if affected, patients should be advised not to drive or operate machinery. **Side-effects** Drowsiness may cause drowsiness or dizziness in some patients. Mild constipation may occur associated with the codeine component of the tablet. Aggranulocytosis is a very rare complication of treatment with paracetamol. **Over-dosage** Treat symptomatically as for paracetamol and codeine.

**Pharmaceutical Precautions** None. **Legal Category** P. **Package Quantities** Blister strips of 10 tablets in cartons of 20 tablets. **Further Information** N1. **Product Licence Number** 4425/0018. **Patient purchase price:** 20 tablets, £2.00 (including VAT). Further information can be requested from: Merrell Dow Pharmaceuticals Limited, Stana Place, Fairfield Avenue, Staines, Middlesex TW18 4SX. **Trademarks:** Merrell, Syndol, Decapryn.

## CUTS ACROSS THE VICIOUS CIRCLE OF PAIN AND TENSION IN TENSION HEADACHE



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Mums know Peaudouce BabySlips keep a baby drier, longer. That's why mums have made them the leading brand and why they'll respond in droves to this terrific offer. And why you should grab this opportunity to sell extra volume of this quality brand.

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Mum buys the Maxi 48 pack, only pays for 44. FOUR FREE.  
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On Super 60 pack, SHE GETS 6 FREE.  
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Here's the perfect opportunity for mothers to trade-up from small packs and for even more new mums to experience the superiority of BabySlips. An offer that must result in heavy repeat buying. Expect an offer like this to move a load of stock. Be sure you're prepared.

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**KEEP A BABY DRIER LONGER**



# Philips Batteries. Fresh off the shelf. Date coded to prove it.



Philips batteries are date coded so customers know they're fresh off the shelf. You can be confident they're totally leak proof too.

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## With all due respect...

With all due respect to David Sharpe, who does, I know, work very hard for pharmacy, I shall *not* be writing to my MP urging him to press for implementation of the new contract proposals. While other groups are being exhorted to accept increases of 5 per cent or 6 per cent I cannot see why pharmacy should be fighting for a reduction in income.

I am in favour of control of entry if this is, in fact, possible. I am also in favour of subsidising essential small pharmacies but object to them being financed at the expense of other small pharmacies, many of which, like mine, are already suffering from the twin hazards of leapfrogging and surgery relocations.

The offer of compensation to pharmacists locked into unsaleable businesses coupled with a threat of a still further reduction in income if they do not lose does not seem to offer any dignity in retirement, particularly as the proposed compensation is unlikely to cover more than the actual cost of closing down.

As far as I can see most of us are better off with the present contract and had been hoping for more money not less to be made available to encourage opening in areas of low population density.

If the new contract is the best that can be achieved we shall doubtless all accept it but it hardly seems to merit an enthusiastic welcome.

G. G. Bubbs,  
Poole.

## ...do write to your MP, but...

This week's post contained an impassioned plea from Mr David Sharpe requesting an urgent letter to be sent by all contractors to their MPs.

I also suggest personal contact with your MP, but asking his or her help for different reasons. We all know that Mr Sharpe and his team have negotiated a contract for the benefit of the big boys, and they are obviously quite happy to give the "also rans" into total oblivion.

To answer Mr Sharpe point by point: Why should community pharmacists be asked to subsidise the NHS? No GP or surgeon has been asked to take a salary cut. In any case £4m is negligible in the context of Government spending.

Do you honestly believe that leapfrogging would be halted much less

stopped altogether by the new contract? Safeways, Boots etc. are far too powerful.

c. I hardly think that the compensation offered to pharmacists amounts to retirement with dignity.

d. Is the pharmacist with low NHS turnover willing to relocate hundreds of miles to open a questionably profitable business in deepest Cornwall?

e. Wouldn't it be wonderful if two pharmacists were available for consultation by the elderly in high dispensing businesses? It does not seem to happen very often.

f. Out of seven points made by Mr Sharpe, item f is his only success in the months of secret negotiation. Do tell your MP that you heartily concur with an enhanced income for Essential Small Pharmacies. Pity that the dispensing doctors are after the same cash.

g. Beware of increased costs involved when legislation forces even higher standards of service.

As Mr Sharpe so cogently states, take action now. Tell your MP about your problems, and how the new contract would have made them far, far worse.

A. Solomon.

Douglas, IoM.

## The last straw

Today an exhortation signed by David Sharpe arrived from the PSNC to urge the Ministry of Health to obliterate many small pharmacies.

There's not been one word of sympathy or regret from any of our wealthy fellow pharmacists, including all the leapfroggers, or from any organisations which owe their existence to pharmacists, such as the Society, NPA, PSNC and the pharmaceutical Press.

Was it 1956 when pharmacists were 100 per cent together for the first and last time? Since then 23,000 chemist shops have disappeared, and more doctors have taken on dispensing.

I live on my premises, a chemist shop for over 100 years. It's traditional to give a 24 hour a day, seven days a week service. During the past 20 years, the doctors have started dispensing. I've been leapfrogged, enclosed by supermarkets who've taken my counter trade, completely surrounded by five dispensing doctors' practices, and wrapped up in yellow lines. Despite this I've handled some 100,000 out of hours transactions. I've been overcharged by all wholesalers — they all give better terms to the bigger shops. How many would vote for the new contract if it banned leapfroggers retrospectively? The compensation offered is less than a year's Basic Practice Allowance.

The closing of 3,000(?) small pharmacies will not save the Government much, for the corpses will be picked over by fattening chemists and dispensing doctors. There are several other ways of saving £4m a year. Parallel import all ethicals, or ban any one of the overpriced (usually foreign) "ethicals".

The obvious and best way is to close all pharmacies to NHS dispensing and let the doctors do it — much more efficient. It would not take a four year apprenticeship and two or three years at college to train staff to count any number up to say 150. There would be no waste. Compliance packs would be rife. Under these conditions the present small written off pharmacies would have to be kept going to dispense those "sec. art" scripts which a lot of present day wealthy pharmacists cannot interrupt their tablet counting to do.

It appears that David Sharpe has increased his estimate of possible closures from hardly any to possibly 300.

E.W. Dixon.

Bingham, Notts.

## A lethal curse

The ancient art of "casting the runes" was to inflict a lethal curse on a willing victim by disguising the malediction as a desired blessing. Thus, by offering us rational location, the DHSS has exposed this universally held ideal as the deeply divisive deceit it always was and induced resistance to the contract from within the profession.

An organisation of small contractors is now crowing over the loss of the only part of the contract that is of use to them. As an alternative they are proposing a fantasy so nebulous that it could well encompass the very scheme that we have just lost. I note with incredulity that they believe themselves capable of negotiating a premises allowance and a very high BPA, both of which are items the DHSS will not countenance under any circumstances. They employ a publicist who is silent on the damaging and now highly public charge that small contractors are a waste of NHS resources. PSNC has already encountered the negotiating consequences of this debacle.

It seems increasingly likely that the small contractors will end up losing both income and protection as PSNC will be hard pressed for reasons to oppose the implementation of the rest of the contract. What motivates groups to seek to undermine the only body which can save them from disaster?

A.D. Castell,  
Rainham.

More letters on p980



## Benefit of the doubt

It is a little difficult to criticise Dr David Owen for his statements to the Press, resulting from his meeting with the BPA (UK). After all, several attempts have been made to set up one organisation which could represent all pharmacists, in the manner of the BMA, for it is widely accepted that the Pharmaceutical Society by the terms of its charter, cannot be concerned with terms and conditions of service.

My own Southend branch proposed the establishment of something of the sort some years ago, and that proposal was carried by the Branch Representatives Meeting. There is a body of opinion within the profession for, as Dr Owen said, something like the BPA. Whether or not it, as presently constituted, deserves or is entitled to a seat at any negotiating table is another question. Certainly one must sympathise with Mr Sharpe when he questions the existence of a "cosy quango-like relationship" between PSNC and DHSS. Any regular set of negotiators must build up some sort of personal relationship between the two sides.

Would Dr Owen oppose good personal relationships between individual MPs in the House of Commons? Apart from the obvious relationship between the SDP and Liberals there are plenty of examples of cross-party co-operation, and as a long-time Liberal supporter I was under the impression that this was to be encouraged. **M. James**  
Benfleet

## Leapfrogging

Xrayser comments on the "chilling letter" seeking to acquire his premises for a pharmacy.

In the Birmingham area we have had to face this problem for the last four months (since the new contract was announced). A local multiple has opened about 20 new pharmacies adjacent to, or opposite established businesses, both private and Boots branches. Indeed, in one area it has opened on either side of its own existing pharmacy so that it has four shops in a one-mile stretch of a quiet suburban area.

One wonders about the professional integrity of the pharmacists who will work for a company such as this, which has caused a new spelling for the cancer in our profession. It is known locally as Lloydfrogging!  
**David Hibbard**  
Birmingham



A team from the South of England has won the Numark Chemist national golf tournament for the Rennie Trophy, held at the El Saler course in Valencia. They are pictured with ICML's managing director Trevor Dixon and Nicholas Kiwi's director of marketing John Alway, second and third left. The team left to right are, Numark Pharmacists Bruce Orman and David Speight and Tim Dunne, depot manager of Numark wholesaler Herbert Ferryman

## Drug abuse

With "the boot" on one foot and "despicable and appalling" on the other, one would imagine that Xrayser (C&D November 9) and I are many feet apart. It is suggested, however, in his last paragraph that the role of the pharmacist could be in "giving advice as to how they (addicts) could get help, or pointing out to parents and friends what they must look for if they suspect drug abuse" — an aim with which I wholeheartedly agree.

It is precisely in this area that I hope the Pharmaceutical Society will take the initiative and in the end perhaps Xrayser and I will have stimulated interest in the pharmacists role in drug abuse.

**W. Howarth**  
Nottingham

## Most alarming

Of all the letters to the Press over the proposed formation of the YPG Nick Wood's is the most alarming. Firstly he fails as a Council member to recognise that branch meetings are poorly attended and primarily involved in an educational and social role rather than a professional debating forum.

Secondly he makes play on the fact that he has attended the Branch Representatives Meetings. As one who has attended such a meeting I can only say that it is a democratic sham. To ask people to discuss and vote on 40 motions in one day is bad enough, but to be under no direct obligation to act upon the decisions made is not policy-making, it is just making people *think* that they are involved.

As a council member does Mr Wood

not recognise that community pharmacists have few opportunities to discuss subjects such as the hospital pay situation?

Similarly with this new contract that we are told will change pharmacy, surely *all* pharmacists, not just PSNC or LPC members, should be allowed to discuss it.

The YPG aims to be a talking and debating shop. All pharmacists will be eligible to join; we do not wish to divide an already ruptured profession.

Finally Mr Wood, the ink dried the moment you registered. You had an equal say from then. As my Council member, stop apologising and start improving the PSGB — that is why you are there.

**Peter Joshua**  
Gravesend

## In the news...

I am a little puzzled by coverage of the Rural Pharmacists Association conference in *Chemist & Druggist*. As one who attended the meeting I met Mr Nathan and Mr Kattan and have no doubt that they firmly believe in what they are fighting for.

I take the view, however, as do many others, that they may be misguided. What really staggered me was the prominence given to the British Pharmacists Association's proposals. In contrast very little space was given to the contents of the official speeches which were both interesting and informative.

Those of us who were there know that in reality Mr Nathan spoke for a very short time during questions and outlined proposals which he admitted to me were not yet complete. Please let us have these matters reported accurately.

**M. Smith**  
Ivy Bridge



## Free licence for PI imports?

Pharmacists who reap the financial benefits of dispensing licensed or unlicensed parallel imported medicines are morally defrauding the NHS in claiming more than they actually had to pay for the product.

Just ask yourself what would happen if pharmacists were paid an "on cost" fee related to the parallel imported medicine?

In the case of dispensing unlicensed parallel imported medicines which differ from those prescribed, pharmacists are in breach of their NHS service terms and the Family Practitioner Committee should take action against them. This activity is on the increase and damaging to all areas of the profession. It is only a matter of time before there is an accident...

Under the Medicines Act 1968, it is unlawful for a person to market an imported medicinal product in the UK which has not been granted a product

licence. The Department of Health has not yet prosecuted anyone, although they are fully aware that importation of unlicensed products is increasing all the time. In fact products which have been refused a licence by the Department are being dispensed by pharmacists in this country.

I feel that the Society's Council has a duty to protect the public, and the pharmacist found guilty of dispensing imported unlicensed medicines and "aiding and abetting" an importer of such products maybe in breach of the rules of professional conduct.

Finally, pharmacists must recognise that even if they are not guilty of these activities the day may come when the DHSS will claw back excess profits from each and every contractor.

Our priority should be the safety and health of our patients, and the safety of the product supplied. Pharmacist's greed for financial gain at the expense of the NHS must be discouraged.

**A. Tanna**  
London SE22.

## A solution to Mr Jenkin's problem

I was most interested to read Mr Jenkin's letter (C&D November 9) expressing his concern with the activities of Vestric and Macarthy's.

It is well known that both of these organisations meet the needs of dispensing doctors. These groups provide a direct threat to the survival of pharmacy.

There is, a solution to this problem. All independent pharmacists should trade with the only national wholesaler who does not deal with dispensing doctors.

To those who accuse me of having green and white eyeballs, I say that those who trade with organisations supplying dispensing doctors suffer from the gravest form of myopia!

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**Mike Smith**  
Callington, Cornwall.

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# Sunday trading: the great debate continues

**The Shops Bill, which permits Sunday trading and allows unrestricted opening hours on weekdays, will have its second reading debate in the House of Lords on Tuesday.**

While the Government is confident of getting the Bill through it expects to encounter strong opposition from Peers in all quarters of the House, and not least from the Bishops' Bench.

The Bishop of London (Dr Graham Leonard) has acknowledged the case for reforming the existing law on Sunday trading, but insists that the total abolition of all restrictions is not acceptable.

The Bill provides for the repeal of part one of the Shops Act 1950, which requires shops to close early one day a week and prescribes general evening closure hours; and also for the repeal of the section of the Act which requires shops generally to be closed on Sundays in England and Wales, and limits the items which may be sold.

Shop workers in employment before the Bill becomes law would acquire the statutory right not to be dismissed or have any other action taken against them for refusing to work on Sundays.

The implications of the Shops Act remain as controversial as ever, as was revealed at an Institute of Fiscal Studies conference after the bill.

The Government claims it brings freedom of choice back to the High Street. But the IFS says some retailers will go out of business although in the long run it will be good for the industry. And the shopworkers union USDAW is concerned that employees will be forced to work long hours and are having their rights eroded.

These points were put to Home Office Minister David Waddington at the conference. But he said the changes are necessary because the existing law is a mess—"riddled with anomalies." Freedom was the key word in the new provisions. "Freedom to shop late or on a Sunday but also the freedom to open on Sunday," he said.

He dismissed the fears of the "Keep Sunday Special" campaign, saying that the traditional nature of the day remains unaffected in Scotland where shops already open on Sundays. Mr Waddington also tried to reassure retailers who fear that the extra day's trading will drive them out of business. He quoted a Swedish survey which claimed 3,000 small businesses

there own their existence to the 1972 deregulation of shop hours.

But "Sunday trading will reduce the size of the retail sector," according to the latest IFS report. Less efficient retailers will go to the wall because of the increase in competition. The Institute thinks costs will rise by more than sales because of the present premium on Sunday wages. So capacity will decrease and retail employment will fall by about 1 per cent — streamlining the retail sector.

Full-time job losses could be as high as 30,000, as shops shift to more part-time workers, argued USDAW. Deputy general secretary John Flood said it worried him that the Government had ignored so many of the Auld Committee's recommendations on employee protection. "The High Street price for freedom is the future welfare of shopworkers," he said.

The Auld Committee said legal protection of workers' terms and conditions of employment should be preserved. But the Government plans to prune the powers of the Wages Councils who set minimum wage rates for shopworkers. This could mean the Sunday premium could go, according to Frances Cairncross from *The Economist*, who was a member of the Auld Committee.

"This isn't what we suggested and it seems rather curious to me that a Government which is stripping away Wages Council protection from young workers should at the same time be writing protection for them into the new Act, but not writing it in for adults who are to remain protected by the Wages Council."

The National Pharmaceutical Association's director Tim Astill said it welcomed the removal of young workers from Wages Council protection and the restriction of its powers to minimum wages. There are no Joint Industrial Council rulings on Sunday premiums but most pharmacists are responsible employers, he said, and will pay "something extra."

The NPA supports the "Keep Sunday Special" campaign and does not wish to see Sunday become just an ordinary trading day with workers paid no extra for working "unsociable hours." Sunday should stay a special case, Mr Astill said.

About 80% of retailers would open on Sundays if the wage premium was reduced from double time to time-and-a-half, according to IFS figures. This is much more than the Government has allowed for

Shops Act, 1950.

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**A sign of things past?**

in its argument that Sunday trading will not make much difference to the High Street or cost local authorities more in providing necessary services.

□ A group of Labour MPs have tabled a Parliamentary motion calling on the Government to move that the Shops Bill takes into consideration the social and economic as well as the employment aspect of the lives of the 2.2 million people employed in Britain's retail and commercial sector. The leading signatories of the motion include Ray Powell and Tom Torney, two Labour MPs who are sponsored by USDAW.

## Sangers Photo: changes coming?

**Sangers Photographic wholesalers have been reported as favourites to receive a takeover bid this month. And managing director Frank Hatton says: "It won't be long at all before all is revealed" about recent developments.**

Most of the wholesalers' shares are owned by Pavion International — previously called Sangers before they bought, and took the name of, the US cosmetics company earlier in the year (see *C&D* January 26, p200). A report in the *Daily Express* suggested Pavion might buy out the minority, but Mr Hatton said: "Someone is barking up the wrong tree."

Another possibility, offered in the report as the most likely event, is that Pavion might be about to sell off their stake. "In a public company there are a number of shares," said Mr Hatton, "and these shares do move from one place to another, from time to time."

Sangers Photographic's half-year results for 1985 showed operating profits of £289,000 — a fall from £390,000 in 1984. Pavion's pre-tax profits were £1.7m, up from £228,000 in 1984 (see October 26, p772).



# Beecham set to buy Revlon OTC business?

**Beecham are holding talks in America with supermarket chain Pantry Pride about buying the Norcliff Thayer business, previously part of the Revlon group.**

Florida-based Pantry Pride bought the OTC product manufacturers along with Revlon earlier this month (see *C&D* November 9, p872). Norcliff Thayer and the chemicals business Reheis were to have gone to American Home Products for \$350m before Revlon were taken over by Pantry Pride. A report in the *Financial Times* suggests that the supermarket chain would like to sell the two subsidiaries together, but that a \$400m price,

outbidding AHP, would put "considerable strain" on Beecham. They are reported to want Norcliff Thayer for about \$280m.

This news comes shortly after the shock resignation of Beecham chairman Sir Ronald Halstead (see *C&D* last week). The *Financial Times* emphasises Sir Ronald's background in consumer products, and suggests that this sector, expected to provide profits growth and fund drug development, has been "letting the group down." Sir Ronald is said to have approved the buy before resigning.

The *FT* also speculates that Beecham may attract a takeover bid, and that buying US companies might make this more difficult.

## Generic activity: more enter fray

**The Sterling-Winthrop Group are launching a range of OTC and prescription generics through a new division, Sterwin Medicines, the third newcomers to the market in as many weeks.**

Sterwin Medicines' OTC blister packs — paracetamol in 24s, 50s and 100s and aspirin 24s and 96s — will carry the slogan "Good medicines — Good value" which, the company says, summarises the new division's operating plans. Packaging is designed to convey high quality and value for money to the customer, and the company promises competitive trade margins.

On the prescription side, Sterwin Medicines are marketing a range of packs of paracetamol, aspirin, co-codamol and co-codamol dispersible. The new division also plans a contract manufacturing business.

Ethical Generics are a new company based in Ely, initially presenting 39 different generic drugs in 77 presentations, all labelled with the product name and colour coded strength. The company offers a Securicor delivery service from depots in Scotland, the Midlands and the South East with a 24-hour telephone ordering service back to the company.

AAH have set up a generic manufacturing company, in the shape of Allcross Pharmaceuticals. The company started trading with azathioprine, amoxycillin, flucloxacillin, tamoxifen, and

spironolactone and a big volume paracetamol 1,000 pack. "We ultimately aim to be a full scale generic supplier," joint purchasing co-ordinator Chris Rawstron told *C&D*, but initially Hillcross will supply only AAH Group wholesalers.

## 'Firm' measures

**The Enterprise Allowance Scheme is being expanded to take in 15,000 extra places, as part of Employment Secretary Lord Young's scheme for growth in the small firms sector.**

An extra £17m is planned to take the scheme up to 80,000 places in 1986-87, and the unemployment qualifying period will go down from 13 to eight weeks.

Other points in the programme include "greatly increased support" for local enterprise agencies, with up to £2½m available in the next two years; and an extension of the Loan Guarantee Scheme to April 1986. This will give time for consideration of the scheme's long term future, says the Department of Employment.

These and other measures mean a £600m spending increase since last Autumn. The Department plans to offset this rise by reducing Redundancy Fund spending. New legislation, to be introduced later in the Parliamentary Session, will end the system of sharing statutory redundancy costs through Fund rebates, except for small firms with under ten employees. Employees made redundant will have to go to an Industrial Tribunal if payment is refused, or to the Department of Employment's Fund if their employers cannot pay.



Vestric's nineteenth annual branch managers' conference was held at Irvine's Hospitality Inn this year, chaired by operations director John Baseley. The 1985 branch cup went to Leeds, for the year's best sales and profits. Chris Woods, hospital services manager (left) and Rees Thomas, branch manager were presented with the cup by AAH executive director, Mr Revell (right).

## New VAT scheme for retail

**HM Customs and Excise have introduced changes to the VAT retail scheme, to benefit small traders. These schemes are designed to help retail traders calculate their VAT liability, particularly where supplies at different tax rates are being made.**

Where a new business wishes to change a scheme retrospectively, this will be allowed for any period up to the date of the first inspection visit by a VAT officer which, normally, will be within 18 months of the trader being registered for VAT. Other traders whose annual turnover is below £120,000 will now be allowed to apply to change retail schemes at any time, with retrospective calculation of tax due up to a maximum of three years, subject to certain conditions. No refunds of tax arising from retrospective scheme changes will be made unless the sum due exceeds an average of £50 a year. Applications to change scheme should be made to the local VAT office.

A spokesman for the National Pharmaceutical Association said these changes are unlikely to affect VAT retail schemes for pharmacists.

□ The following new and revised VAT publications have been issued: VAT notes (no 2) 1985-86 — details of recently issued and impending VAT notices and leaflets. This edition includes changes in methods of making repayments of VAT, revised value limits for retail exports and VAT on pet food. Amendment 2 to notice 700, "The VAT Guide" — details of changes to the VAT system effective from July 25, 1985 and a revised version of the index. Amendment 1 to VAT leaflet 701/39A/84 "VAT Liability Law" — Changes in VAT liability law up to September 1, 1985.



# COMING EVENTS

## Vestric expand in East Anglia

**Vestric are expanding in East Anglia, in an agreement with wholesale distributors Grimwade, Ridley & Co of Ipswich.**

Under the terms of the deal, Vestric are buying certain assets and the goodwill of Grimwade, Ridley's pharmaceutical business. They will then have the use of the Ipswich warehouse, and LINK order entry facilities will be available to Grimwade, Ridley customers.

Commenting on the buy, Vestric managing director Peter Worling said: "East Anglia has been the one area of the country where we have not been able to provide a full service. With this new base we will be introducing an enhanced delivery service to community pharmacists and hospitals".

The agreement should be completed on November 29.

Vestric are owned by AAH Holdings plc.

### Monday, November 25

**Swindon Branch. Pharmaceutical Society.** at The Kings Arms Hotel, Wood Street, Swindon, at 8pm. Det. Insp. Legge on "Drug abuse, glue sniffing and their effects."

**Leicestershire Professional Organisations Association.** Leicester Royal Infirmary, Postgraduate Medical Centre at 8pm. First of the two lectures by staff from School of Pharmacy on Innovation in Dosage Design.

### Tuesday, November 26

**Barking Branch. Pharmaceutical Society.** Academic Centre, Oldchurch Hospital, Romford at 7.30pm. Mr Nick Wood, PSGB Council member, on "Private Hospital Pharmacy: Lost Cause or Golden Opportunity?"

### Wednesday, November 27

**Ipswich and East Suffolk Branch. National Pharmaceutical Association.** The Trafalgar Room, Great White Horse Hotel, Tavern Street, Ipswich at 7.30pm. Mr T.P. Astill, Director, NPA will be the speaker.

**West Metropolitan Branch. Pharmaceutical Society.** working dinner, The London West Hotel, Lillie Road, London at 7.30pm for 8pm. Mr Raymond Dickinson, deputy secretary PSGB and Mr John Kirby, PSNC, will talk on "The College of Pharmacy and The Contract." £15 per head. Tickets from P. Modasia (01-946 0414).

### Thursday, November 28

**Hull Pharmacists' Association.** Members' dinner, Postgraduate Centre, Hull Royal Infirmary, Anlaby Road, Hull at 7.00pm for 7.15pm. Dr T.G. Booth, PSGB president, guest speaker.

**Ayrshire Branch. Pharmaceutical Society.** Piersland House Hotel, Troon at 8pm. P. Crees on "Community Pharmacy — Soviet Style."

**Bath Branch. Pharmaceutical Society.** School of Pharmacy, Bath University at 8pm. Mr A.J. Clatworthy, senior scientific

officer, Metropolitan Police Laboratory, on "Science and Crime."

### Saturday, November 30

**Lanarkshire Branch. Pharmaceutical Society.** annual dinner and dance, The Crystal's Suite, The Bruce Hotel, East Kilbride at 7.30pm for 8pm. Tickets £12.50 from Mr E. Mallinson, 0698 281313.

### Advance Information

**The Young Pharmacists' Group.** Bruntsfield Hotel, Bruntsfield Place, Edinburgh, on December 8 at 3.30pm.

**Industrial Pharmacists Group. PSGB.** 1 Lambeth High Street, London, on December 11. "Pharmaceutical Formulation Technology." Applications no later than December 4 to above address.

**The Society for Drug Research.** School of Pharmacy, Brunswick Square, London on December 12 at 9.00am. Symposium on Senile Dementia of the Alzheimer Type. Fee £10. Applications to SDR Secretariat, c/o Institute of Biology, 20 Queensberry Place, London. Inquiries to Barbara Cavilla on 01-581 8333.

**Society of Cosmetic Scientists.** Britannia Ringway Hotel, Manchester on January 28-29. Teach-in on "colour in cosmetics and toiletries." Details from the Secretary, Society of Cosmetic Scientists, Delaport House, 57 Guildford Street, Luton, Beds LU1 2NL.

**Society of Apothecaries.** Faculty of the History and Philosophy of Medicine and Pharmacy, Apothecaries' Hall, Blackfriars Lane, London, Tuesday, December 10 at 5.30pm. Dr John Guilt on "Biblical ills and remedies" Tea and buffet supper will be provided. Space is limited, therefore. Those attending should inform Jenny Botsford on 01-248 4254 or the Clerk to the Society of Apothecaries at the above address.

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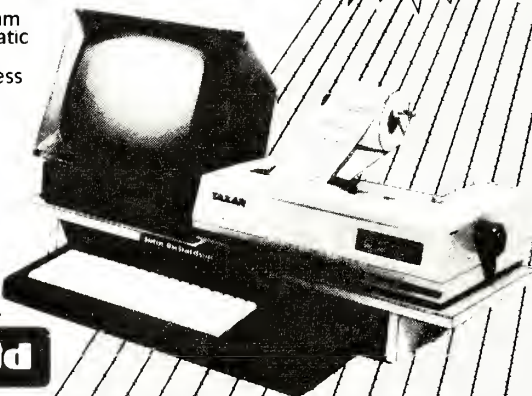
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## Area elections for Scotland

Pharmacists in Scotland employed full-time by chemist contractors can take part in the elections for Area Pharmaceutical Committees, if their names are on the list of electors prepared by the Returning Officer.

Employers have been asked by Health Boards to give the necessary information about their own employees. If this has not been sent, pharmacist employees should send the following information to the Returning Officer, Pharmaceutical Society of Great Britain, 36 York Place, Edinburgh, EH1 3HU, not later than January 10, 1986:—

- Full name and private address
- Employer's name and address
- Health Board Area in which employed

This does not apply to chemist contractors; there will be a separate election for representatives of contractors. The particulars for compiling electoral lists are already available.

## The Italian connection

Head of department and Professor of Biopharmacy at Chelsea John Gorrod, has been appointed a visiting Professor at the University of Bari, Italy.

This renews Professor Gorrod's connection with Bari, where he worked as a research fellow in biochemistry in 1964. He has recently returned from the University after spending three weeks lecturing to medical students on Drug Metabolism and Toxicology.

## Unichem recruit

Pharmacist Peter Brown from South Shields is the latest recruit for Unichem's North Regional committee.

Mr Brown has previously worked in industry and hospitals and is currently studying the uses of computers for financial control and forecasting within the pharmaceutical business.



John Barnett, FPS, the first-ever international director of Farley Health Products, has retired after four years with Farley's and more than 36 years with the Glaxo Group. Thanking him for his enthusiasm and hard work managing director Alan Macfarlane (third from right) presented him with a huge album of signatures and a camera and accessories, watched by fellow directors (from the left) Charles Barker, Alex Mettler, Emyr Williams and Robin Macdonald. Mr Barnett has also been a director of Glaxo Laboratories, Laboratoires Glaxo France and Farley Health Products (Ireland) Ltd

## Oxford CPP group launched

A study group is being formed in the Oxford NHS Region for College of Pharmacy Practice student members.

The inaugural meeting is to take place on November 26, 6.30 for 7pm, in the small committee room, level 3 of the John Radcliffe Hospital, Oxford. Those wishing to attend should contact Mike Beaman, DPLO. Tel 01-952 2381 ext 328).

Although the group is primarily for those in the Oxford Region, meetings are open to others who find the venue convenient.



Mentholatum hosted a visitor from the Nigerian branch. Marketing manager Abudahkar Abdullahi was shown the Twyford-based plant and is pictured meeting Roy Gardiner, manager of the Maidenhead branch of Boots

## APPOINTMENTS

**Chemical Industries Association:** the following members have been elected to the Council: Dr K.W. Humphreys, chairman and managing director, May & Baker Ltd; N.J. Hunter, director, Pfizer Ltd; R.R. Knowland, chairman and managing director, Albright & Wilson Ltd; Dr A.H. Raper, director, Glaxo Holdings plc, and R.M. Ringwald, chairman, Laporte Industries (Holdings) plc.

**Smith Kline and French Laboratories Ltd:** Robert G. Mansfield FCA has been appointed director, new product development. In 1979 Mr Mansfield joined the parent organisation, Smith Kline Beckman corporation in Philadelphia, USA.

**Hall Forster Ltd:** Mr Philip J. Todd has joined the Numark wholesaler. Mr Todd previously worked for Smith & Nephew consumer division as Northern regional sales manager.

**Hugo House Beauty Products Ltd:** Christopher Coxon has been appointed managing director following the retirement of Mr J.T. Longthorne.

**John O'Donnell Ltd:** Bryan Williamson has been appointed sales manager. Mr Williamson was formerly with Bellair plc.



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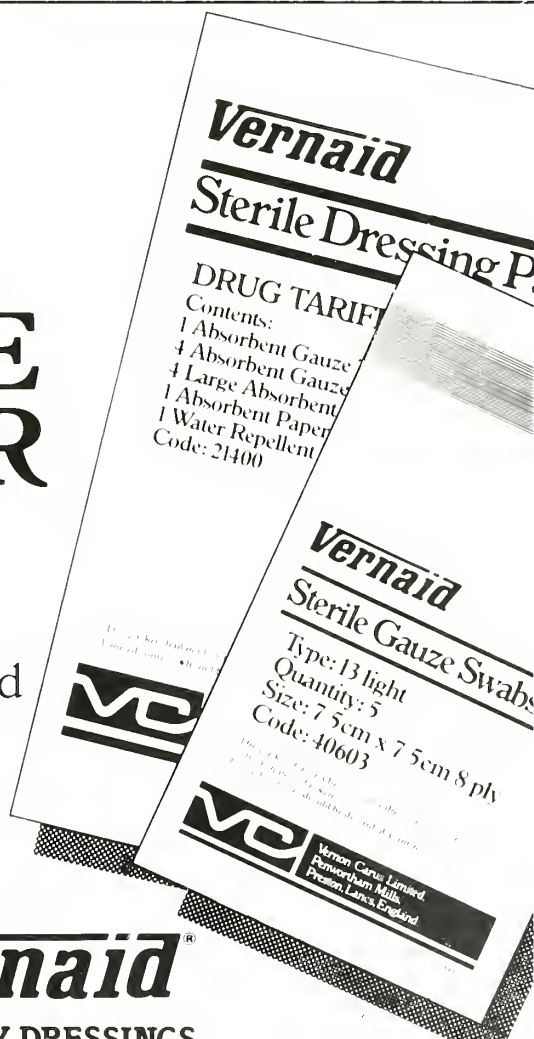
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